

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90041 002 ***150.00

DOCUMENT # P97000019086

1. Entity Name

ATLANTIC POWER SYSTEMS, INC.

Principal Place of Business

**5340 N. FEDERAL HWY
 STE 204
 LIGHTHOUSE POINT FL 33064
 US**

Mailing Address

**5340 N. FEDERAL HWY
 STE 204
 LIGHTHOUSE POINT FL 33064
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0733026**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORRIS, JAN MICHAEL ESQ
 6622 PATIO LANE
 BOCA RATON FL 33431**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DP JURCZAK, STEVE**
 STREET ADDRESS **331 SE 15TH AVENUE**
 CITY-ST-ZIP **POMPAÑO BEACH FL 33060**

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **2641 NE 23RD CT.**
 CITY-ST-ZIP **POMPAÑO BEACH, FL 33062**

TITLE ☐ Delete
 NAME **VD LINQUIST, CYNTHIA**
 STREET ADDRESS **1529 SE 8TH STREET**
 CITY-ST-ZIP **DEERFIELD BCH FL 33441**

☐ Change ☐ Addition
 TITLE
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 CITY-ST-ZIP

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 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Steve Jurczak
STEVE JURCZAK

3/17/02

954 421-7902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)