

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90345 004 ***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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **JURCZAK, STEVE**
STREET ADDRESS **2641 NE 23RD CT.**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

VICE PRESIDENT / D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **J. MICHAEL LINDQUIST**
STREET ADDRESS **1529 SE 8TH STREET**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

TITLE ☐ Change ☒ Addition
NAME **SECRETARY / D**
STREET ADDRESS **GEORGE HILDRETH**
CITY-ST-ZIP **3070 NE 49TH STREET**
FT. LAUDERDALE, FL 33308

TITLE ☐ Change ☒ Addition
NAME **VICE PRESIDENT / D**
STREET ADDRESS **RICHARD BURY**
CITY-ST-ZIP **10971 NW 21ST PLACE**
CORAL SPRINGS, FL 33071

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **STEVE JURCZAK** **4/10/03** **954-421-7902**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)