2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P97000022994 1. Entity Name							protte (f. 1	g garas garas		
NORTH AMERICAN POWER MANAGEMENT INCORPORATED						The state of the s				
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Principal Place	e of Business	Mailing Address					UU FILD 1	\$ \$\{\} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	יי ק	
1551 SANDSPUR RD MAITLAND FL 32751		PO BOX 4961 ORLANDO FL 32802-4961				SELL LATATE TALLAHASA EFLURIDA				
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2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO N	IOT WRITE IN TH	HIS SPACE		
City & State		City & State			4.	FEI Number NO	r applicabl	+ + + + + + + + + + + + + + + + + + +	oplied For ot Applicable	
Zip Country		Zip Country		try	5.	Certificate of Status E	Desired	\$8.75 Add		
	6. Name and Address of Current R	egistered Agent			7.	Name and Address	of New Register			
Name B 9 C					C	Corporate	, Serilii	ces of Ca	ATAL PC.	
	Corporation System South Pine Island Road			Street Addres	s (P.O. E	Box Number is Not Ag			17-10	
PLAN	NTATION FL 33324			Sur	Suite 1100					
				City Or	(An	100	F		801	
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or regis	tered ag	gent, or both, in the St	ate of Florida.	_		
SIGNATURE .	While ()	N MIXELO					2-	11-00		
SIGNATORE .	Signature, typed contributed name of registered agent as	ZW if application PICE	Registere S I D	d Agent signature requ	ired when a	reinstating)	DA	TE		
•	oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00				10. Election Cam			0 May Be	
_	ria on back)	Make Check Payable to Department of Sta				Trust Fund Co	ontribution.	☐ Added	to Fees	
11.	OFFICERS AND D		12.		Al	DDITIONS/CHANGES	TO OFFICERS A			
TITLE NAME	PD Ginsburg, Alan H	☐ Delete	TITL: NAM				02/18/00-			
STREET ADDRESS	1551 SANDSPUR RD		STRE	ET ADDRESS			****158.0			
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STREET ADDRESS	1551 SANDSPUR RD			ET ADDRESS						
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TITLE		Delete	TITL	·			 	Change	☐ Addition	
NAME			NAM	· .						
STREET ADDRESS CITY-ST-ZIP		1		ET ADDRESS -ST-ZIP				c	7760	
13. Thereby of	I certify that the information supplied with on this report or supplemental report is	₩ue and accurate and that n	the exe	mption stated in	ne same	cledal effect as if mad	le under oath: tha	at Lam an officer	or director - L	
of the cor	poration or the receiver or trustee empor	vered to execute this report	as requi	red by Chapter	607, Flor	rida Statutes; and that	my name appea	ars in Block 11 o	r Block 12 if	