2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000023973** May 04, 2000 8:00 am Secretary of State **ENVIROPOWER CORPORATION** 05-04-2000 90177 004 ***150.00 Principal Place of Business Mailing Address PO BOX 613 10200 S. OCEAN DR. PALM BEACH FL 33480-0613 SUITE 503 JENSEN BEACH FL 34957 2. Principal Place of Business 3. Mailing Address 3000 So, Congress AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Boy W TOU BEACA Applied For City & State 4. FEI Number 65-0826569 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 3428 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAM BARRETT, WILLIAM F Street Address (P.O. Box Number is Not Acceptable) 10200 S. OCEAN DR. SUITE 503 3000 So, Confress JENSEN BEACH FL 34957 City BOYUTON BEARCH 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VΡ ☐ Change ☐ Addition TITLE ☐ Delete TITLE DUIG, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 100 LAKESHORE DR. CITY-ST-ZIP CITY-ST-7IP NORTH PALM BEACH FL 33408 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME LUMSDEN, JOHN NAME STREET ADDRESS STREET ADDRESS 11786 TIMBERS WAY CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33428 --- Change - Addition PRESIDENT ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 3428 CITY-ST-ZIP CITY-ST-ZIP ひっていると ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESI PENT

424-00 (561) 736-977

Daytime Phone #