

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000023973**1. Entity Name
ENVIROPOWER CORPORATIONPrincipal Place of Business
3000 S CONGRESS AVE
1A
BOCA RATON FL 33428
Mailing Address
PO BOX 613
PALM BEACH FL 334802. Principal Place of Business
100 LAKESHORE DRIVE
Suite, Apt. #, etc.
12543. Mailing Address
Suite, Apt. #, etc.City & State
NORTH PALM BEACH FL

City & State

Zip
33403 Country

Zip Country

4. FEI Number
65-0826569
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentBARRETT WILLIAM F
3000 S CONGRESS #1A
BOCA RATON FL 33428**7. Name and Address of New Registered Agent**Name
BARRETT WILLIAM F
Street Address (P.O. Box Number is Not Acceptable)
510 LAKESHORE DRIVE
12
City
LAKE PARK FL Zip Code
33403

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 _____ **04/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME BARRETT WILLIAM		
STREET ADDRESS 3000 S CONGRESS #1A		
CITY-ST-ZIP BOCA RATON FL 33428		
TITLE	VP	<input type="checkbox"/> Delete
NAME LUMSDEN JOHN		
STREET ADDRESS 11786 TIMBERS WAY		
CITY-ST-ZIP BOCA RATON FL 33428		
TITLE	VP	<input type="checkbox"/> Delete
NAME DUIG ROBERT		
STREET ADDRESS 100 LAKESHORE DR.		
CITY-ST-ZIP NORTH PALM BEACH FL 33408		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME BARRETT WILLIAM			
STREET ADDRESS 510 LAKESHORE DRIVWE			
CITY-ST-ZIP LAKE PARK FL 33403			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME QUIG ROBERT			
STREET ADDRESS 100 LAKESHORE DR.			
CITY-ST-ZIP NORTH PALM BEACH FL 33408			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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: William F. Barrett

P

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)