

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90516 001 ****50.00
05-01-2003 90516 002 ***100.00

DOCUMENT # P97000023973

1. Entity Name
ENVIROPOWER CORPORATION



Principal Place of Business
**100 LAKESHORE DRIVE
1254
NORTH PALM BEACH FL 33403**

Mailing Address
**PO BOX 613
PALM BEACH FL 33480**

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 **65-0826569**

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

**BARRETT, WILLIAM F
510 LAKESHORE DRIVE
12
LAKE PARK FL 33403**

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 *William F. Barrett*
Signature, typed or printed name of registered agent and title if applicable.

William F. Barrett
(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 **VP** ☐ Delete
NAME **QUIG, ROBERT**
STREET ADDRESS **100 LAKESHORE DR.**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **VP** ☐ Delete
NAME **LUMSDEN, JOHN**
STREET ADDRESS **11786 TIMBERS WAY**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **P** ☐ Delete
NAME **BARRETT, WILLIAM**
STREET ADDRESS **510 LAKESHORE DRIVE**
CITY-ST-ZIP **LAKE PARK FL 33403**

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

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

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

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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: *William F. Barrett* **William F. Barrett President 4/28/03 SC1848-9045**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)