## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P97000033464 **DOCUMENT #**

**SIGNATURE** 

POWER POINT ELECTRIC CORPORATION



## **FILED** Apr 10, 2003 8:00 am Secretary of State 04-10-2003 90187 045 \*\*\*150.00

450 NE 37TH ST BOCA RATON FL 33431				450 NE 37TH ST BOCA RATON FL 33431										
2. Principal Place of Business				3. Mailing Address					{	[[]		33   11       1  1	DIAN DIBN IDDI	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State			City & State			<u>.</u>	4.	4. FEI Number 65-0755844				<del></del>	oplied For	
Zip Country			Zip		Country		5.	5. Certificate of Status Desired				\$8.75 Additional Fee Required		
	6. Name	and Address of Current	Registere	ed Agent			7.	Name and Ad	dress of N	ew Regist	ered A	gent		
MARCONIS, PATRICK J 450 NE 37TH ST BOCA RATON FL 33431						Street Address (P.O. Box Number is Not Acceptate								
BOOK TATORY E CONT						City		FL Zip				Zip Cod	e	
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 accepted obligations of registered agent.													and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTE	E: Registered	d Agent signat	ure required when r	reinstating)			DATE	<del></del> -		
After	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 6 Florida Department o	State						n Campaig und Contrib		ng 🔲		00 May Be d to Fees	
10.		OFFICERS AND	DIRECTO	RS	11.		ΑI	DDITIONS/CHA	ANGES TO	OFFICER	S AND I	DIRECTOR	S IN 11	
TITLE NAMF STREET ADDRESS CITY-ST-ZIP	450 NE 37	S, PATRICK J TH ST ION FL 33431		☐ Delete								☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	450 NE 37	DST MARCONIS, KATHLEEN C 450 NE 37TH ST BOCA RATON FL 33431		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP					~		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TEPHEN L OTH TERR BEACH FL 33064		☐ Delete ′			430- Boca	NE-3-c Raton	7-5-T_ F L	33		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete								☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						_		Change	Addition	
indicated of the cor	on this repor	e information supplied with t or supplemental report is le receiver or trustee empo achment with an address, v	true and wered to	accurate and that mexecute this report :	ny signati as requir	ure shall h	ave the same	legal effect as	if made un	der oath; i	that I an	i an officer	or director	