

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2000 8:00 am
Secretary of State

05-21-2000 90010 014 ***150.00

DOCUMENT # P97000074519

1. Entity Name

SHOWER POWR USA, INC.

Principal Place of Business 6070 N FEDERAL HWY #111 BOCA RATON, FL 33487	Mailing Address 6070 N FEDERAL HWY #111 BOCA RATON, FL 33487
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2. Principal Place of Business 100 E LINTON BLVD	3. Mailing Address 100 E LINTON BLVD
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Suite, Apt. #, etc. SUITE 501A	Suite, Apt. #, etc. SUITE 501A
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City & State DELRAY BEACH, FL	City & State DELRAY BEACH, FL
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Zip 33483	Country	Zip 33483	Country
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4. FEI Number 65-0778721	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KRAUSE, STEPHEN M
 100 E LINTON BLVD #501A
 DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D P S T	<input type="checkbox"/> Delete
NAME	KRAUSE, STEPHEN	
STREET ADDRESS	100 E LINTON BLVD #501A	
CITY - ST - ZIP	DELRAY BEACH, FL 33483	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

STEPHEN M. KRAUSE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #