

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90068 006 \*\*\*150.00

**DOCUMENT # P97000074519**

1. Entity Name  
**SHOWER POWR USA, INC.**



Principal Place of Business  
**100 E LINTON BLVD  
STE 501A  
DELRAY BEACH, FL 33483 US**

Mailing Address  
**100 E LINTON BLVD  
STE 501A  
DELRAY BEACH, FL 33483 US**

2. Principal Place of Business  
**11787 Bayou Lane**  
Suite, Apt. #, etc.

3. Mailing Address  
**11787 Bayou Lane**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Boca Raton FL**  
Zip  
**33498** Country  
**USA**

City & State  
**Boca Raton FL**  
Zip  
**33498** Country  
**USA**

4. FEI Number  
**65-0778721** Applied For  
☐ Not Applicable

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**

Name

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

**11787 Bayou Lane**

City  
**Boca Raton FL** Zip Code  
**33498**

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

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

(NOTE: Registered Agent's 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST  
KRAUSE, STEPHEN  
100 E LINTON BLVD #501A  
DELRAY BEACH, FL 33483** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**11787 Bayou Lane  
Boca Raton, FL 33498** ☒ Change ☐ Addition

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Stephen Krause**

**03/21/03**

Date

Daytime Phone #

CR2E034 (10/02)