

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

DOCUMENT # **P97000080605**

1. Entity Name
POWER ENGINEERING SERVICES, INC.



Principal Place of Business
3996 DUN DEE DRIVE
MERRITT ISLAND FL 32953
US

Mailing Address
P. O. BOX 913
CAPE CANAVERAL FL 32920

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 **59-3468609** **Applied For**
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

DEMOSKY, WALTER J
3996 DUNDEE DRIVE
MERRITT ISLAND FL 32953

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

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | |
|--|---|---------------------------------|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DEMOSKY, WALTER J 3996 DUNDEE DRIVE MERRITT ISLAND FL 32953 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LACHANCE, WILLIAM T 101 CAPE SHORES DR. CAPE CANAVERAL FL 32920 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Walter J. Dembosky*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 APR 03

321-795-4708

**FILED
Apr 23, 2003 8:00 am
Secretary of State**

04-23-2003 90284 043 ***158.75



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

Daytime Phone #