

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099389

1. Entity Name

DC POWER TECH., INC.

FILED

Apr 13, 2000 8:00 am  
Secretary of State

04-13-2000 90094 009 \*\*\*150.00

Principal Place of Business

Mailing Address

10489 W. MAIN STREET  
HOMOSASSA FL 34446

P.O. BOX 467  
HOMOSASSA FL 34487-0467

2. Principal Place of Business

10489 W Main St

3. Mailing Address

PO Box 467

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homosassa, FL

City & State

Homosassa, FL

Zip

34446

Country

Citrus

Zip

34487

Country

Citrus

4. FEI Number

59-3495503

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MYERS, PATRICIA M.  
7655 W. GULF TO LAKE HIGHWAY  
SUITE 12  
CRYSTAL RIVER FL 34429

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 ☐ Delete  
NAME D  
STREET ADDRESS BUNTS, WARREN  
CITY-ST-ZIP 10489 W. MAIN STREET  
HOMOSASSA FL 34446

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BUNTS, ELIZABETH ANN  
CITY-ST-ZIP 10489 W. MAIN STREET  
HOMOSASSA FL 34446

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

Warren Bunts WARREN BUNTS

04/10/00

352-628-1494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)