

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000020580**

1. Entity Name

**BATTERY SOLUTIONS INC.****FILED**  
**Jun 29, 2001 8:00 am**  
**Secretary of State**

06-29-2001 90003 016 \*\*\*550.00

Principal Place of Business 1551 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33334	Mailing Address 1551 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33334
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2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0819652**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent****MARTINEZ, JASON**  
**9037 N.W. 55TH COURT**  
**SUNRISE FL 33351****7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MARTINEZ, HECTOR G</b> <b>2320 OLDE SAWMILL BOULEVARD</b> <b>DUBLIN OH 43016</b> <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	<b>T</b> <b>MARTINEZ, JASON W</b> <b>9037 N.W. 55TH COURT</b> <b>SUNRISE FL 33351</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jason W. Martinez Jason W. Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/26/01  
Date954-771-0838  
Daytime Phone #

CR2E034 (10/00)