

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

04-18-2002 90348 034 ***150.00

DOCUMENT # P98000049532

1. Entity Name

ELECTRIC PROPULSION INC.*C/O SAMING INC*

Principal Place of Business
C/O SAMING INC.
10000 AMBERWOOD ROAD
FORT MYERS FL 33913

Mailing Address
C/O SAMING INC.
10000 AMBERWOOD ROAD
FORT MYERS FL 33913

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

65-0920346

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

POSMA, BONNE**428 MORGAN LA FEE****FORT MYERS FL 33912**

12946 KEDLESTON CIRCLE
FORT MYERS, FL 33912

Name

Posma, P. Bonne W.

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

12946 Kedleston Circle

City

Fort Myers**FL**

Zip Code

33912

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, 2002 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 **D** ☐ Delete
 NAME **POSMA, BONNE W**
 STREET ADDRESS **428 MORTON LA FEE**
 CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **D** ☐ Change ☐ Addition
 NAME **Posma, Bonne W.**
 STREET ADDRESS **12946 Kedleston Circle**
 CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE **D** ☐ Delete
 NAME **POSMA, ELIZABETH**
 STREET ADDRESS **428 MORGAN LA FEE**
 CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **D** ☐ Change ☐ Addition
 NAME **Posma, Elizabeth**
 STREET ADDRESS **12946 Kedleston Circle**
 CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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)(f), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

30 MAY 02

CR2E034 (9/01)