2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052889

1. Entity Name

Total Power, Inc.

FILED
00 SEP 21 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4274 Bay View Drive Fernandina Beach, FL 32034	Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4274 Bay View Drive	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fernandina Beach, FL	City & State
Zip: 32034 Country: USA	Zip Country

4. FEI Number: 593523903 ☐ 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
Joseph B. Hill 2051 Village Lane Fernandina Beach, FL 32034	Name: Christopher L. Nuland Street Address (P.O. Box Number is Not Acceptable): 1000 Riverside Avenue #200 City: Jacksonville, FL Zip Code: 32204

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] Christopher L. Nuland 9/20/00
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 $400.00
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	Luther B. Lyles 6600 State Rd. 16 St. Augustine 32092 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100003408771---7 -09/28/00--01105--026 ****350.00 ****350.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Joseph B. Hill 4274 Bay View Drive Fernandina Beach, FL 32034 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100003408771---7 -09/28/00--01105--027 ****208.75 ****208.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Christopher L. Nuland 1000 Riverside Avenue #200 Jacksonville, FL 32204 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition LS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 9/20/00 904-355-1555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #