

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91290 013 ***150.00

DOCUMENT # P98000052889

1. Entity Name
TOTAL POWER, INC.



Principal Place of Business
**4274 BAY VIEW DRIVE
FERNANDINA BEACH FL 32034**

Mailing Address
**4274 BAY VIEW DRIVE
FERNANDINA BEACH FL 32034**

11023588



2. Principal Place of Business
96196 Bay View Drive
Suite, Apt. #, etc.

3. Mailing Address
96196 Bay View Dr.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Fernandina Beach, FL
Zip
32034-6176
Country
USA

City & State
Fernandina Beach, FL
Zip
32034-6176
Country
USA

4. FEI Number
59-3523903

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NULAND, CHRISTOPHER L ← Delete
**1000 RIVERSIDE AVENUE #200
JACKSONVILLE FL 32204**

7. Name and Address of New Registered Agent

Name **Hill, Joseph B.**
Street Address (P.O. Box Number is Not Acceptable)
96196 Bay View Drive
City **Fernandina Beach** **FL** Zip Code **32034-6176**

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 **Joseph B. Hill**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-22-03

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

TITLE **PD** ☒ Delete
NAME **HILL, JOSEPH B**
STREET ADDRESS **4274 BAY VIEW DRIVE**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **S** ☒ Delete
NAME **NULAND, CHRISTOPHER L**
STREET ADDRESS **1000 RIVERSIDE AVE 200**
CITY-ST-ZIP **JAX FL 32204**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P D T S** ☐ Change ☒ Addition
NAME **Hill, Joseph B.**
STREET ADDRESS **96196 Bay View Dr.**
CITY-ST-ZIP **Fernandina Beach FL 32034-6176**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

422-03 904-321-1169

CR2E034 (10/02)