

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90100 030 ***150.00

DOCUMENT # P98000053880

1. Entity Name

COMPRESSION & POWER SERVICES INC.

Principal Place of Business	Mailing Address
ALBANY DRIVE FL 34758	2462 ALBANY DRIVE KISSIMMEE FL 34758-2201

AJUD3327



DO NOT WRITE IN THIS SPACE

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	NOT APPLICABLE	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JHURILAL, TYRONE P 2462 ALBANY DRIVE KISSIMMEE FL 34758		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<input type="checkbox"/>	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.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	SINGH, MICHAEL H	NAME	
STREET ADDRESS	27 HUBERT RANCE STREET	STREET ADDRESS	
CITY-ST-ZIP	VISTABELLA, TRINIDAD OC	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	SINGH, ISABEL	NAME	
STREET ADDRESS	27 HUBERT RANCE STREET	STREET ADDRESS	
CITY-ST-ZIP	VISTABELLA, TRINIDAD OC	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	SINGH, SEAN	NAME	
STREET ADDRESS	27 HUBERT RANCE STREET	STREET ADDRESS	
CITY-ST-ZIP	VISTABELLA, TRINIDAD OC	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 change is an attachment with an

SIGNATURE:	AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
		4/28/00	407.932-4491

CR2E034 (9/99)