## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 21, 2002 8:00 am Secretary of State

1. Entity Name Florida Industrial Battery Services			05-21-2002 91165 040 ***150.00		
inc.					
DO NOT WRITE	IN THIS SPA	(CE			
2. Principal Place of Business	3. Mailing Address				
3699 W 7954 Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State	City & State	4.	FEI Number	Applied For	
Hialeah FL			650849185	Not Applicable	
3306 USA	Zip C		Fee	.75 Additional Required	
		7. Na Name	me and Address of Current Registered Ag	jent	
DO NOT WRITE Street Address (P IN THIS SPACE			P.O. Box Number is Not Acceptable)		
City 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 bette	Abbott	<b>∼</b> .			
Signature, typed of printed name of registered agent and	d libe if applicable. (NOTE: Reg	istered Agent signature required when n	enstating) DATE		
This corporation is eligible to satisfy its Intengible     Tax filing requirement and elects to do so.     (See criteria on back)			10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11. OFFICERS AND D				=	
TITLE President  NAME YVETTE Abboth  STREET ADDRESS 15840 SW 85 Lan	ne	TTLE NAME STREET ADDRESS		MAR (12)0	
me V.P.	<u> </u>	CITY: SI-ZIP BILE		TAN SECRETARIAN CANADA LA	
MANE Ronald AbboH		NAME STREET ADDRESS		ရို	
STREET ADDRESS 15840 SW 85 CO		CITY-ST-ZIP			
TITLE NAME		TITLE NAME			
REET ADDRESS IY-ST-ZIP		STREET ADDRESS CITY ST 2P	DO NOT WRITE		
TITLE	1 dr		IN THIS SPACE		
NAME STREET ADDRESS		NAME STREET ADDRESS	. IN THIS STAC	<b>-</b>	
CITY - ST - ZIP	39.5%	CHY: ST. ZIP			
TITLE NAME	B ti	TITLE NAME			
STREET ADDRESS	- Bå	STREET ADDRESS			
CNY-ST-UP		CITY STEZIP			
NAME		NAME			
STREET ADDRESS CITY - ST - ZIP	Š.	STREET ADDRESS : City St 2/P			
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 shalf 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 on an					
indicatéd on this report or supplemental report is to of the corporation or the receiver or trustee empore	rue and accurate and that my si- wered to execute this report as	gnature shall have the same	legal effect as if made under oath; that I am	an officer or director	
indicated on this report or supplemental report is to	rue and accurate and that my slewered to execute this report as nowered.	gnature shall have the same	legal effect as if made under oath; that I am a cride Statutes; and that my name appears in	an officer or director	