**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 08, 2001 8:00 am Secretary of State DOCUMENT # **P98000060222** 1. Entity Name THE PRIVATE POWER COMPANY 03-08-2001 90084 013 \*\*\*150.00 Principal Place of Business Mailing Address 1940 CARRIGAN AVE. P. O. BOX 948103 WINTER PARK FL 32792 MAITLAND FL 32794-8103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3660295 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.- Name and Address of New Registered Agent - - - 6. Name and Address of Current Registered Agent FEATHER, THOMAS R Street Address (P.O. Box Number is Not Acceptable) 1940 CARRIGAN AVE. WINTER PARK FL 32792 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition FEATHER, THOMAS R NAME NAME STREET ADDRESS 1940 CARRIGAN AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE . \_ ☐ Delete TITLE. ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS 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)(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 of the original statutes.

SIGNATURE:

SIGNATURE:

SIGNATURE

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR