

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071975

1. Entity Name

G. POWER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~341-25 ST. S.W.
NAPLES FL 34117~~

~~341-25 ST. S.W.
NAPLES FL 34117~~

2. Principal Place of Business

2370-39 St. S.W.

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

NAPLES FL.

City & State

Zip

Country

Zip

Country

34117

6. Name and Address of Current Registered Agent

DELGADO, SILVANO O
341-25 ST. S.W.
NAPLES FL 34117

New Address

7. Name and Address of New Registered Agent

Name

SILVANO O. DELGADO

Street Address (P.O. Box Number is Not Acceptable)

2370-39 St. S.W.

NAPLES

City

FL

Zip Code

34117

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

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 \$550.00
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

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | DELGADO, SILVANO O | |
| STREET ADDRESS | 341-25 ST. S.W. | |
| CITY-ST-ZIP | NAPLES FL 34117 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | GOMEZ, JUANA M | |
| STREET ADDRESS | 341-25 ST. S.W. | |
| CITY-ST-ZIP | NAPLES FL 34117 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | G. POWER ENTERPRISES, INC. | |
| STREET ADDRESS | 2370-39 ST. S.W. | |
| CITY-ST-ZIP | NAPLES, FL 34117 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | G. POWER ENTERPRISES, INC. | |
| STREET ADDRESS | 2370-39 ST. S.W. | |
| CITY-ST-ZIP | NAPLES, FL 34117 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| 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, with all other like empowered.

SIGNATURE:

Silvano Delgado

Feb-7-2000

Date

Daytime Phone #

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90014 032 ***155.00

00020369



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3527916

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required