2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
04-02-2001 90054 020 ***150.00

3116

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000071975

1. Entity Name
G. POWER ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2370 39 ST SW NAPLES FL 34117	341-25 ST S.W. NAPLES FL 34117

2. Principal Place of Business		3. Mailing Address	
2370- 39 St. S.W.		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: NAPLES- FL.		City & State	
Zip: 34117	Country: COLLIER	Zip	Country

4. FEI Number 59-3527916 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DELGADO, SILVANO O 341-25 ST S.W. NAPLES FL 34117	Name: SILVANO O. DELGADO Street Address (P.O. Box Number is Not Acceptable): 2370-39 sT S.W. City: NAPLES 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] Desig[illegible] Agent 4/29/2001
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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C G POWER ENTERPRISES INC 2370 39ST SW NAPLES FL 34117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P SILVANO O. DELGADO 2370-39 St. S.W. Naples Fl. 34117	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C G POWER ENTERPRISES INC 2370 39ST SW NAPLES FL 34117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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 [signature] 3-19-2001 (941)-352-4275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PRESIDENT