## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Mar 23, 2000 8:00 am Secretary of State DOCUMENT # P99000018287 PALM POWER SOLUTIONS, INC. 03-23-2000 90017 036 \*\*\*150.00 Mailing Address Principal Place of Business 2101 S. WAVERLY PLACE STE, 200E 2101 S. WAVERLY PLACE STE. 200E 040000 MELBOURNE FL 32901-5495 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address 1427 AURORA ROAD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable MELBOURNE Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required **USA** 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KINBERG, EDWARD J Street Address (P.O. Box Number is Not Acceptable) 2101 S. WAVERLY PLACE STE. 200E MELBOURNE FL 32901 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition ☐ Delete TITLE TITLE KINBERG, EDWARD J NAME NAME 2101 S. WAVERLY PLACE STE. 200E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32901 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE D. TRAVIS PROCTOR NAME NAME 7570-5 GREENGORD DRIVE STREET ADDRESS STREET ADDRESS West Melbourne, FL 32904 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition Delete TITLE TITLE Richard O. Richardson NAME NAME STREET ADDRESS STREET ADDRESS 2565 VENTURA CACLE CITY-ST-ZIP CITY-ST-ZIP w Melbourne, Fl 32904 ☐ Change ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition TITI E TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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

FILED