

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080195

1. Entity Name

MOLTECH POWER SYSTEMS, INC.

FILED
Jun 30, 2000 8:00 am
Secretary of State

06-30-2000 90001 048 ***558.75

Principal Place of Business

U.S. HIGHWAY 441 NORTH
ALACHUA FL 32615

Mailing Address

U.S. HIGHWAY 441 NORTH
ALACHUA FL 32615

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 147114

Suite, Apt. #, etc.

GAINESVILLE FL

City & State

Zip

32614-7114

Country

U.S.A

4. FEI Number

59-3602588

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CARLTON FIELDS WARD EMMANUEL SMITH CUTLER
ATTN: ROGER D. SCHWENKE, ESQ.
ONE HARBOUR PLACE
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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	D	☐ Delete
NAME	FISHER, TRUMAN JOSEPH III	
STREET ADDRESS	9062 SOUTH RITA ROAD	
CITY-ST-ZIP	TUCSON AZ 85747-9108	
TITLE	D	☐ Delete
NAME	SKOTHEIM, TERJE A PH.D.	
STREET ADDRESS	9062 SOUTH RITA ROAD	
CITY-ST-ZIP	TUCSON AZ 85747-9108	
TITLE	D	☐ Delete
NAME	MANZER, DEWARD F	
STREET ADDRESS	9062 SOUTH RITA ROAD	
CITY-ST-ZIP	TUCSON AZ 85747-9108	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

Truman J. Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/18/00

Daytime Phone #

904-462-6767