

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90017 019 ***150.00

DOCUMENT # P99000080195

1. Entity Name

MOLTECH POWER SYSTEMS, INC.

Principal Place of Business

**U.S. HIGHWAY 441 NORTH
 ALACHUA FL 32615**

Mailing Address

**PO BOX 147114
 GAINESVILLE FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3602588

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

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

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 state 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	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		

TITLE	0 PRESIDENT	☐ Change ☒ Addition
NAME	MARTIN P. HIGGINS	
STREET ADDRESS	9 WOODBROOK ELANE	
CITY-ST-ZIP	OLD FIELD, NEW YORK 11733	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

M P Higgins

MARTIN P. HIGGINS

4/24/01

(904) 462-6767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2ED34 (10/00)