

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90091 004 ***558.75

DOCUMENT # P99000080195

1. Entity Name
MOLTECH POWER SYSTEMS, INC.

Battery Park Industries, 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

9 WOODCOCK LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OLD FIELD, NY 11733

Zip

Country

Zip

Country

11733 USA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/18/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **OP HIGGINS, MARTIN D**
STREET ADDRESS **9 WOODCOCK LANE**
CITY-ST-ZIP **OLD FIELD NY 11733**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/18/03 631 807 5484

CR2E034 (10/02)