

2000 UNIFORM BUSINESS REPORT (UBR)

7/1

DOCUMENT # P99000085705

1. Entity Name

PIXEL POWER, INC.

R

Principal Place of Business

1700 N. DIXIE HIGHWAY
SUITE 107
BOCA RATON FL 33432

Mailing Address

1700 N. DIXIE HIGHWAY
SUITE 107
BOCA RATON FL 33432

2. Principal Place of Business

1700 N. Dixie Highway

Suite, Apt. #, etc.

Suite 150

City & State

BOCA RATON FL

Zip

33432

Country

USA

3. Mailing Address

1700 N. Dixie Highway

Suite, Apt. #, etc.

Suite 150

City & State

BOCA RATON FL

Zip

33432

Country

USA

4. FEI Number

05-0952974

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRACK, DAVID
1700 N. DIXIE HIGHWAY
SUITE 107
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

JAMES GILBERT

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

1700 N. Dixie Hwy

Suite 150

City

BOCA RATON

FL

Zip Code

33432

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

J. C. A.

JAMES GILBERT DIRECTOR CEO

7/17/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME BRACK, DAVID
STREET ADDRESS 1700 N. DIXIE HIGHWAY, SUITE 107
CITY-ST-ZIP BOCA RATON FL 33432 ☒ Delete

TITLE D
NAME WRIGHT, NICHOLAS
STREET ADDRESS THE OLD CHURCH SCHOOL RD., WOODDITTON
CITY-ST-ZIP NEWMARKET, SUFFOLK CB8 8RY EG ☐ Delete

TITLE D
NAME MILNS, RICHARD
STREET ADDRESS POUND HOUSE, HAWSTEAD, BURY ST. EDMUNDS
CITY-ST-ZIP SUFFOLK IP29 5NJ ENGLAND ☐ Delete

TITLE D
NAME GILBERT, JAMES
STREET ADDRESS 25 LONSDALE, LINTON, CAMBRIDGE
CITY-ST-ZIP CB1 6LT, ENGLAND ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE D/P/M
NAME
STREET ADDRESS WESTERLY, BARTLOW ROAD, CASTLE CAMPS
CITY-ST-ZIP CAMBRIDGE CB1 6SX ENGLAND ☒ Change ☒ Addition

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/00

Date

561 395 4801

Daytime Phone #



DO NOT WRITE IN THIS SPACE