FILED

CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee changed, or on an attachment with an addr

SIGNATURE:

Jan 27, 2002 8:00 am P99000088154 DOCUMENT # **Secretary of State** 1. Entity Name 01-27-2002 90045 031 ***158.75 UCC ELECTRIC POWER DESIGN CORP. Principal Place of Business Mailing Address 411 WEST DEARBORN STREET 411 WEST DEARBORN STREET **SUITE 172** SUITE 172 **ENGLEWOOD FL 34223** ENGLEWOOD FL 34223 2. Principal Place of Business 3. Mailing Address 728 N. Indiana Ave 728 Indiana Ave N Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Ste. 3 City & State City & State Applied For 4. FEI Number 65-0953373 Englewood Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>DAVID A. DUNKIN, P.A.</u> SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code <u>ENGLEWOOD</u> 34223 submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 1-11-02 SIGNATURE egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition ☐ Delete TITLE TITLE Change PD HODGE RICKIARD W HODGE, RICHARD W NAME NAME 728 N. Indiana Ave STREET ADDRESS STREET ADDRESS 411 WEST DEARBORN STREET CITY-ST-ZIP ENGLEWOOD FL 34223 CITY-ST-ZIP Englewood, FL ☐ Addition Delete Change TITLE TITLE NAME NAME LUECKE, EVE STREET ADDRESS STREET ADDRESS 8824 ESTEBURY CIR CITY - ST - ZIP CITY-ST-ZIP COLORADO SPRINGS CO 80920 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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

RICHARD W. HODGE