

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103046

1. Entity Name

KNUCKLEHEAD POWER U.S.A., INC.

Principal Place of Business

Mailing Address

10421 PITTMAN ROAD  
SARASOTA FL 34240

10421 PITTMAN ROAD  
SARASOTA FL 34240

2. Principal Place of Business

3. Mailing Address

5715 PINKNEY AVE

5715 PINKNEY AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

Zip 34233

Country USA

City & State

SARASOTA FL

Zip 34233

Country USA

4. FEI Number

65-0964550

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

KAREN DURELL  
10421 PITTMAN RD  
SARASOTA FL 34240

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

Karen E. Durell TREAS

4/27/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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:

Karen E. Durell KAREN E. DURELL

4/27/00

(941) 921-4762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 JUN 23 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5/15/00 90021038 \$150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)