

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103046

1. Entity Name  
**KNUCKLEHEAD POWER U.S.A., INC.**

**FILED**

00 JUN 23 AM 9:06

Principal Place of Business Mailing Address  
 10421 PITTMAN ROAD 10421 PITTMAN ROAD  
 SARASOTA FL 34240 SARASOTA FL 34240

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

5/15/00 90021038 \$150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**5715 PINKNEY AVE 5715 PINKNEY AVE.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**SARASOTA FL SARASOTA FL**  
 Zip Country Zip Country  
**34233 USA 34233 USA**

4. FEI Number Applied For  
**65-0964550** Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**KAREN DURELL**  
**10421 PITTMAN RD**  
**SARASOTA FL 34240**

7. Name and Address of New Registered Agent  
 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 TREPAS DATE 4/27/00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		<b>D</b> RUSSELL J. SCHOENAUER	
STREET ADDRESS		3187 SKYRIDGE DR.	
CITY - ST - ZIP		WAUKEE IA 50263	
TITLE	<input type="checkbox"/> Delete	<b>V</b> JAMES G. PRATT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2013 NATURE TRAIL	
STREET ADDRESS		WINTERSET IA 50273	
CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	<b>S.T.</b> KAREN DURELL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		10421 PITTMAN RD	
STREET ADDRESS		SARASOTA FL 34240	
CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	<b>D</b> FREDERIC A. RIEGEL III	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		10421 PITTMAN RD	
STREET ADDRESS		SARASOTA FL 34240	
CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	<b>D</b> SANDRA VAN FLEET	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2013 NATURE TRAIL	
STREET ADDRESS		WINTERSET IA 50273	
CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	<b>D</b> JOSEPH BOYOK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		360 GREEN ST	
STREET ADDRESS		OSPREY FL 34229	
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: Karen E. Durell KAREN E. DURELL DATE 4/27/00 DAYTIME PHONE # (941) 921-4762  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)