

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S02073

1. Entity Name

FLORIDA BATTERY COMPANY

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90054 004 \*\*\*550.00

Principal Place of Business

1260 W. SUNRISE BLVD  
FT. LAUDERDALE FL 33311  
US

Mailing Address

1260 W. SUNRISE BLVD  
FT. LAUDERDALE FL 33311  
US

2. Principal Place of Business

PO Box 3468

3. Mailing Address

PO Box 3468

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

City & State

BOCA RATON, FL

4. FEI Number

65-0248491

Applied For

Not Applicable

Zip

33427

Country

Zip

33427

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROSE & ROSE  
SUITE 200  
2101 N ANDREWS AVE  
FT LAUDERDALE FL 33311

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

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 \$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.

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**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME WALTERS, HARRIS N.  
STREET ADDRESS 7209 SAN SALVADOR DR.  
CITY-ST-ZIP BOCA RATON FL 33433

☐ Delete

TITLE STD  
NAME WALTERS, KAMI Z.  
STREET ADDRESS 7209 SAN SALVADOR DR.  
CITY-ST-ZIP BOCA RATON FL 33433

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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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

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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:

HARRIS N. WALTERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/11/00 954-5200424

Daytime Phone #

CR2E034 (5/00)