## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 05, 2002 8:00 am Secretary of St S22113 DOCUMENT # 1. Entity Name CANNON POWER SYSTEMS, INC. 03-05-2002 90141 020 \*\*\*150.00 Principal Place of Business Mailing Address 4301 32 ST W POR 20358 STE A-17 **BRADENTON FL 34204 BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0235187 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CANNON, WICHAM J CANNON, WILLIAM J. NEW-ADDRESS Street Address (P.O. Box Number is Not Acceptable)\_ 8528 54TH AVE CIR E SAME AGENT **BRADENTON FL 34202** 6602 PINEVIEW TERRACE 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. agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) THILE ☐ Defete TITLE Change CANNON, WILLIAM J. 6602 PINE VIEW TERRACE BRADENTON, FL, 34703 CANNON, WILLIAM J. NAME NAME 8528 54TH AVE CIR E STREET ADDRESS STREET ADDRESS **BRADENTON FL 34202** CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Addition CANNON, WILLIAM F. NAME NAME 4206 66TH ST. CIRCLE W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 treastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: