## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

830 NW 57TH PL

FT LAUDERDALE FL 33309

## V06580 DOCUMENT #

1. Entity Name

830 NW 57TH PL

Principal Place of Business

FT LAUDERDALE FL 33309

FLORIDA HEAT AND POWER, INC.



## FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90058 020 \*\*\*150.00

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2. Principal Place of Business			<b>3.</b> Mai	3. Mailing Address							
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			<b>4.</b> f	4. FEI Number 65-0305828 Applied For Not Applicable			
Zip Country		Zip	Zip Country		try	5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of C	urrent Registere	ed Agent			7. 1	7. Name and Address of New Registered Agent			
			·			Name.					
INGLE, FRED, JR. 830 NW 57TH PL							Street Address (P.O. Box Number is Not Acceptable)				
FI LAUDE	RDALE FL	33309									
*					City			FL Zip Code			
. the obligati	ions of regist					ed office or reg		ent, or both, in the State of Florida. I am familiar with, and accept			
After	May 1, 200	! FEE IS \$150.0 3 Fee will be \$5: 5 Florida Departm	50.00					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees			
10.		OFFICER	S AND DIRECTO	RS	11.		AD	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P INGLE, FR 4110 NW CORAL SP	103 DRIVE		☐ Delete				☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				☐ Change ☐ Addition			
TITLE				☐ Delete	TITLE			☐ Change ☐ Addition			
NAME			·		NAME	i					
STREET ADDRESS CITY-ST-ZIP						et address ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				. Change Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete				☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby C	ertify that the	e information supplie	ed with this filing	Delete	CITY-	T ADDRESS ST-ZIP	in Section	Change Addition   119.07(3)(i), Florida Statutes. I further certify that the information			

indicated on this report or supplemental report is true 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 be executed by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with advother like empowered.

SIGNATURE: 9