2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V64382

changed, or on an attachment with an address

SIGNATURE AND TYPED OF

SIGNATURE:

1. Entity Name

U.S. SOLAR POWER CORP.

Principal Place of Business Mailing Address 4185 W LAKE MARY BLVD 4185 W LAKE MARY BLVD SUITE 201 SUITE 201 655437 LAKE MARY FL 32746-2410 LAKE MARY FL 32746 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3151397 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent. SYMONDS, DARREL Street Address (P.O. Box Number is Not Acceptable) 470 MOFFAT LOOP **OVIEDO FL 32765** City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/99) Addition ☐ Change ☐ Delete TITLE TITLE SYMONDS, DARREL NAME NAME 470 MOFFAT LOOP STREET ADDRESS STREET ADDRESS OVIEDO FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE ESCHENROEDER, EDWARD NAME NAME 13300 INDIAN ROCKS RD #2101 STREET ADDRESS STREET ADDRESS **LARGO FL 33774** CITY-ST-ZIP CITY-ST-ZIE ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME 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 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

FILED

May 10, 2000 8:00 am Secretary of State

05-10-2000 90098 029 ***150.00