

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G38170**

1. Entity Name

**D E A RESTAURANT GROUP, INC.**

TECHUSA ENERGY

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90005 014 \*\*\*150.00

Principal Place of Business

859 PALMER AVE  
WINTER PARK FL 32789  
US

Mailing Address

859 PALMER AVE  
WINTER PARK FL 32789-2636  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2279837**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STEIGERWALD, ALBERT J.**  
**859 PALMER AVE.**  
**WINTER PARK FL 32789**

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

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

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	JEFFREY EICHER	
STREET ADDRESS	1500 BERSHIRE AVENUE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STEIGERWALD, ALBERT J.	
STREET ADDRESS	859 PALMER AVENUE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PANICO, JAMES P.	
STREET ADDRESS	111 S. MAITLAND AVE.	
CITY-ST-ZIP	MAITLAND FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	STRIGERWALD, ALBERT J	
STREET ADDRESS	959 PALMER AVENUE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *ALBERT J. STEIGERWALD*  
**Albert J. Steigerwald**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 20 '00

Date

407-645-1255

Daytime Phone #

CR20034 (9/99)