

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90033 004 \*\*\*150.00

CR2E034 (9/01)

**DOCUMENT # P98000107050**

1. Entity Name  
**THE ENERGY BAR COMPANY**

Principal Place of Business

P.O. BOX 338  
**NAPLES FL 34106**

Mailing Address

P.O. BOX 338  
**NAPLES FL 34106**

2. Principal Place of Business

**1150 POWER STREET**  
 Suite, Apt. #, etc.  
**Suite 5**

3. Mailing Address

~~P.O. Box 2391~~

City & State

**NAPLES, FL**

City & State

~~NAPLES FL~~

Zip

**34104**

Country

~~USA~~

Zip

~~34106~~

Country

~~USA~~

4. FEI Number

**59-3571028**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HOLCHER, MAX A**  
**1000 9TH ST N**  
**STE 502**  
**NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name  
**CARLOS PEREZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1150 POWER STREET**  
**SUITE 5**  
 City  
**NAPLES FL** Zip Code  
**34104**

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

*Carlos Perez*

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	PEREZ, CARLOS	2706 HORSESHOE DR S 101	NAPLES FL 34104	<input type="checkbox"/>
T	HOLCHER, MAX A	1000 9TH ST N STE 502	NAPLES FL 34103	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		1150 Power Street, Suite 5		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1000 TAMiami TRAIL NORTH # 502	Naples, FL 34102	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

(239) 262-1355

Daytime Phone #