## 2000 UNIFORM BUSINESS REPORT (UBR)

(See criteria on back)

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## FILED May 17, 2000 8:00 am Secretary of State

## DOCUMENT # P99000030056 ENERGY STAR HOMES, INC. 04-11-2000 90037 004 \*\*\*150.00 Principal Place of Business Mailing Address 730 NW 24 ST 730 NW 75-5T BOCA #ATON FL 33487-1728 BOCA RATON FL 33487 2. Principal Place of Business 3. Mailing Address 3900 NW 2ND AVE SAME DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc 4. FEI Number Applied For City & State :65-0957533 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New.Registered Agent 6. Name and Address of Current Registered Agent energy SPAR HOMES HOPKINS, JOHN O Street Address (P.O. Box Number is Not Acceptable) 8000 N FEDERAL HWY SUITE 708 BORÁ RATON FL 33487 8. The above named entity sopmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **SIGNATURE** rinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees

11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 11
TITLE	D	Delete	TITLE	Change	☐ Addition
NAME	RICKERT, RONALD J II		NAME		
STREET ADDRESS	730 NW 74 ST		STREET ADDRESS		1
CITY-ST-ZIP	BOCA RATON FL 33487		CITY-ST-ZIP		
TITLE	D	Delete	TITLE	☐ Change	☐ Addition
NAME	ROUTHIER, ROBERT D		NAME		l
STREET ADDRESS	291 SW 12 ST		STREET ADDRESS		
CITY-ST-Z'P	BOCA RATON FL 33432		CITY-ST-ZIP		
TITLE	-	Delete '	TITLE	Change	Addition 1
NAME			NAME		
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TITLE		Delete	TITLE	☐ Change	Addition
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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 of 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 arathment with an address, with all other like empowered.					

Make Check Payable to Department of State