

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90463 015 ***150.00

DOCUMENT # P99000030056

1. Entity Name
ENERGY STAR HOMES, INC.

Principal Place of Business 730 NW 74 ST BOCA RATON FL 33487	Mailing Address 730 NW 74 ST BOCA RATON FL 33487
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00049986



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>3500 NW 2nd Ave</i> Suite, Apt. #, etc. <i>Suite 208</i> City & State <i>Boca Raton FL</i>	3. Mailing Address <i>3500 NW 2nd Ave</i> Suite, Apt. #, etc. <i>Suite 208</i> City & State <i>Boca Raton FL</i>
Zip <i>33431</i> Country <i>USA</i>	Zip <i>33431</i> Country <i>USA</i>

4. FEI Number 65-0957533	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
HOPKINS, JOHN O
8000 N. FEDERAL HWY
BOCA RATON FL 33487

7. Name and Address of New Registered Agent
 Name
Routhier Robert
 Street Address (P.O. Box Number is Not Acceptable)
291 SW 12 ST
 City
Boca Raton FL Zip Code
33432

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]* *R Routhier Pres* *04-29-01*
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, 2001 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	D RICKERT, RONALD J II 730 NW 74 ST BOCA RATON FL 33487 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUTHIER, ROBERT D 291 SW 12 ST BOCA RATON FL 33432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>President</i> <i>Routhier, Robert</i> <i>291 SW 12 ST</i> <i>Boca Raton FL 33432</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V.P.</i> <i>Routhier Debbie</i> <i>291 SW 12 ST</i> <i>Boca Raton FL 33432</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* *R Routhier* *04-29-01* *561-259-4870*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)