

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002478

1. Entity Name

THE ENERGYSUPERSTOR.COM, INC.

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90484 006 \*\*\*150.00

Principal Place of Business

Mailing Address

140 N. ORLANDO AVE., SUITE 150  
WINTER PARK FL 32789

140 N. ORLANDO AVE., SUITE 150  
WINTER PARK FL 33881-4002

2. Principal Place of Business

334 Third Street NW

3. Mailing Address

334 Third Street NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Winter Haven FL

City & State

Winter Haven FL

4. FEI Number

59-3536898

Applied For

Not Applicable

Zip

33881

Country

USA

Zip

33881

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMATHERS, JAMES F  
140 N. ORLANDO AVE., SUITE 150  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name  
James F. Smathers  
Street Address (P.O. Box Number is Not Acceptable)  
334 Third Street NW  
City  
Winter Haven FL Zip Code  
33881

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

5/15/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME BELCHER, JOHN M  
STREET ADDRESS 110-A NIPPINO TRAIL  
CITY-ST-ZIP NOKOMIS FL 34275

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME SMATHERS, JAMES F  
STREET ADDRESS 11 HICKORY WAY  
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST ☐ Delete  
NAME HOWELL, JUDY  
STREET ADDRESS 11 HICKORY WAY  
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/2000

Date

Daytime Phone #

CR12 E034 (9/99)