

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # (Charter#) M97000000845

1. Entity Name

ENERGY DISPATCH, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -2 PM 1:25

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

300 Technology Court

P.O. Box 105554

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400

Attn: Tax Dept.

City & State

City & State

Smyrna GA

ATLANTA GA

Zip

Zip

30082

Country

USA

30348-5554

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2355217

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

200003349692--6

-08/08/00 FP1082025

*****50.00 *****50.00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<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 checked="" type="checkbox"/> Addition
	max Lenker - MGRM	300 Technology Ct, Ste. 400	Smyrna, GA 30082	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Susan Bass Bolch - MGRM	300 Technology Ct, Ste. 400	Smyrna, GA 30082	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Allison Bolch Moran - MGRM	300 Technology Ct, Ste. 400	Smyrna, GA 30082	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Cori Bolch, III - MGRM	300 Technology Ct, Ste. 400	Smyrna, GA 30082	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Robert T. Dumbacher - MGRM	300 Technology Ct, Ste. 400	Smyrna, GA 30082	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<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:

R. J. Dumbacher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 770)43-7600

Date

Daytime Phone #

CR2E034 (9/99)