

# 600 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 369185

Entity Name

STATE ENERGY, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90095 013 \*\*\*150.00

Principal Place of Business

210 E NORTH AVENUE  
LAKE WALES FL 33853-3218

Mailing Address

210 E NORTH AVENUE  
LAKE WALES FLA 33853-3218

654988

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1307713**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

ALLEN, K.E., SR  
115 WYNDHAM DR  
WINTER HAVEN FL 33884

## 7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

## OFFICERS AND DIRECTORS

ST ADDRESS ST-ZIP	PD ALLEN, K.E., SR 115 WYNDHAM DR WINTER HAVEN FL	<input type="checkbox"/> Delete
ST ADDRESS ST-ZIP	VD ALLEN, K.E., JR 3447 REDWOOD WAY LAKE WALES FL	<input type="checkbox"/> Delete
ST ADDRESS ST-ZIP	VD HARTSFIELD, CINDY A. 2410 FOX RUN DRIVE LAKE WALES FL	<input type="checkbox"/> Delete
ST ADDRESS ST-ZIP	TSD ALLEN, MARGARET F. 115 WYNDHAM DR WINTER HAVEN FL	<input type="checkbox"/> Delete
ST ADDRESS ST-ZIP		<input type="checkbox"/> Delete
ST ADDRESS 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*K.E. Allen Sr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-26-2000

Daytime Phone #

863-676-3971