

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 441396**

1. Entity Name

ENERGY ELECTRIC, INC.

Principal Place of Business

**8112 NORTH NINTH STREET
P O BOX 8125
TAMPA FL 33604**

Mailing Address

**8112 NORTH NINTH STREET
P O BOX 8125
TAMPA FL 33604**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1689769

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NOWARK, EDWARD L
315 THIRD AVE., N.
JACKSONVILLE BEACH FL 32250**

Name

DONALD B. LINSKY

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

1509 SUN CITY CENTER PLAZA**SUITE B**

City

SUN CITY CENTER FL

Zip Code

33573

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

DONALD B. LINSKY

Registered Agent signature required when reinstating

DATE

3/14/029. 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, 2002 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 **TD** ☐ Delete
NAME **SANFORD, GLENDA J.**
STREET ADDRESS **628 LAUREL AVENUE**
CITY-ST-ZIP **EAGLE LAKE FL**TITLE **PD** ☐ Delete
NAME **SANFORD, CHARLES R**
STREET ADDRESS **628 LAUREL AVENUE**
CITY-ST-ZIP **EAGLE LAKE FL**TITLE **SD** ☐ Delete
NAME **ARNOLD, LILLIAN**
STREET ADDRESS **8311 REGINA PLACE**
CITY-ST-ZIP **TAMPA, FL 00000**TITLE **V** ☐ Delete
NAME **HARRISON, DAN**
STREET ADDRESS **709 WEST HENRY AVENUE**
CITY-ST-ZIP **TAMPA FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

CHARLES R. SANFORD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**CHARLES R. SANFORD / PRESIDENT**
Date Daytime Phone #**2-4-02**

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)