

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 676343

1. Entity Name

ENERGY SERVICES BUREAU, INC.

Principal Place of Business

6141 S.W. 15TH ST.
C/O ALBERT FREDRIC PETERSON
PLANTATION FL 33317-4615
US

Mailing Address

6141 S.W. 15TH ST.
C/O ALBERT FREDRIC PETERSON
PLANTATION FL 33317-4615
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2012115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETERSON, ALBERT FREDRIC
6141 S.W. 15TH ST.
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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 PD ☐ Delete
NAME SWEAT, J PASCO
STREET ADDRESS SWEAT LOOP RD
CITY-ST-ZIP BALM, FL 00000 33503

TITLE VD ☐ Delete
NAME PETERSON, ALBERT F.
STREET ADDRESS 6141 S.W. 15TH ST.
CITY-ST-ZIP PLANTATION FL 33317-4615

TITLE ST ☐ Delete
NAME PETERSON, ALBERT F.
STREET ADDRESS 6141 S.W. 15TH ST.
CITY-ST-ZIP PLANTATION FL 33317-4615

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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

4/9/2001

Date

954/792-0360

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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