

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90013 028 ***150.00

DOCUMENT # F60859

1. Entity Name

ENERGY CONTROL & SERVICES, INC.

Principal Place of Business

Mailing Address

7820 N 56TH ST
TAMPA FL 33617
US

7820 N 56TH ST
TAMPA FL 33617
US

741874



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2215264

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

SAFARIK, CHARLES R
7820 N 56TH ST
TAMPA FL 33617

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SAFARIK, CHARLES R.
STREET ADDRESS 7820 N 56TH ST
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE Vice President/Sales
NAME MUSE, KEVIN S
STREET ADDRESS 3 MARSHALL CT
CITY-ST-ZIP GREENVILLE SC 29605

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME KRANZ, DIANE M
STREET ADDRESS 6225 N. DALE MABRY #603
CITY-ST-ZIP TAMPA FL 33614

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V.P. Operations
NAME James R. Safarik
STREET ADDRESS 9061 Suncrest Blvd.
CITY-ST-ZIP Seminole, FL 34647

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE Treasurer
NAME Jim Mower
STREET ADDRESS c/o 5201 W. Kennedy Blvd. #530
CITY-ST-ZIP Tampa, FL 33609

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE Secretary
NAME Anna-Maria Preta
STREET ADDRESS 13140 Sanctuary Cove Dr., #1231
CITY-ST-ZIP Temple Terrace, FL 33637

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)