

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002204

1. Entity Name

ENERGY ERECTORS, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90029 046 ***158.75

Principal Place of Business

Mailing Address

31588 PROGRESS RD
LEESBURG FL 34749

31588 PROGRESS RD
LEESBURG FL 34748-8781

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **39-1363163**

Applied For

Not Applicable

Zip
34748-8781

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

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CS	<input type="checkbox"/> Delete
NAME	BRULE, JOYCE S	
STREET ADDRESS	31588 PROGRESS RD	
CITY-ST-ZIP	LEESBURG FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GOLDSWORTHY, EARL E	
STREET ADDRESS	5461 BLUE CRAB CIRCLE	
CITY-ST-ZIP	BOKEELIA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BEERS, WILLIAM L.	
STREET ADDRESS	5329 TWIN PALMS RD	
CITY-ST-ZIP	FRUITLAND PARK FL	
TITLE	VPTS	<input type="checkbox"/> Delete
NAME	SCHINDERLE, GERALD	
STREET ADDRESS	1766 CRESTVIEW DR	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KEATING, THOMS	
STREET ADDRESS	418 POINSETTIA AVE	
CITY-ST-ZIP	INVERNESS FL 34152	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Gerald Schinderle **Gerald Schinderle**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00

Date

352-787-3878

Daytime Phone #

CR2E034 (9/99)