

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001319

1. Entity Name

INSTITUTE FOR ENERGY INFORMATION, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90090 007 ****61.25

Principal Place of Business

Mailing Address

140 N. ORLANDO AVE., STE. 150
WINTER PARK FL 32789

140 N. ORLANDO AVE., STE. 150
WINTER PARK FL 33881-4002

2. Principal Place of Business

3. Mailing Address

334 Third Street NW

334 Third Street NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Winter Haven FL

City & State
Winter Haven FL

4. FEI Number
59-3491176

Applied For
Not Applicable

Zip
33881

Country
USA

Zip
33881

Country
USA

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

SMATHERS, JAMES F
140 N. ORLANDO AVE., STE. 150
WINTER PARK FL 32789

Name
James F. Smathers
Street Address (P.O. Box Number is Not Acceptable)
334 Third Street NW
City
Winter Haven FL Zip Code
33881

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 *James F. Smathers*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/15/2000
DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BELCHER, JOHN M
110-A NIPPINO TR.
NOKOMIS FL 34275 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SMATHERS, JAMES F
11 HICKORY WAY
WINTER HAVEN FL 33881 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
HOWELL, JUDY D.
11 HICKORY WAY
WINTER HAVEN FL 33881 ☐ Delete

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

TITLE
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STREET ADDRESS
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☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James F. Smathers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/2000
Date

Daytime Phone #

CR2E037 (9/99)