

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000001319**

1. Entity Name

INSTITUTE FOR ENERGY INFORMATION, INC.

Principal Place of Business

**334 THIRD STREET NW
WINTER HAVEN FL 33881**

Mailing Address

**334 THIRD STREET NW
WINTER HAVEN FL 33881**

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

59-3491176

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****SMATHERS, JAMES F
334 THIRD STREET NW
WINTER HAVEN FL 33881****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

**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**

TITLE	P	<input type="checkbox"/> Delete
NAME	BELCHER, JOHN M	
STREET ADDRESS	110-A NIPPINO TR.	
CITY-ST-ZIP	NOKOMIS FL 34275	

TITLE	V	<input type="checkbox"/> Delete
NAME	SMATHERS, JAMES F	
STREET ADDRESS	11 HICKORY WAY	
CITY-ST-ZIP	WINTER HAVEN FL 33881	

TITLE	ST	<input type="checkbox"/> Delete
NAME	HOWELL, JUDY D	
STREET ADDRESS	11 HICKORY WAY	
CITY-ST-ZIP	WINTER HAVEN FL 33881	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90227 029 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)