

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G89751

1. Entity Name

COMMODORES ENERGY CORPORATION

FILED

Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90075 011 ***150.00

Principal Place of Business % ROBERT R. KREIS 1010 EAST ADAMS STREET JACKSONVILLE FL 32202	Mailing Address % ROBERT R. KREIS 1010 EAST ADAMS STREET JACKSONVILLE FL 32202-1902
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-2396000	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KREIS, ROBERT R. 1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE FL 32202
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Name	Gail W. Williams
Street Address (P.O. Box Number is Not Acceptable)	1010 E. Adams Street
City	Jacksonville
State	FL
Zip Code	32202

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 Gail W. Williams Gail W. Williams April 6, 2000
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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DC	TITLE	C/P/D
NAME	LOVETT, RADFORD D.	NAME	Lovett, Radford D.
STREET ADDRESS	1600 INDEPENDENT SQ	STREET ADDRESS	1 Independent Drive, Suite 1600
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	T	TITLE	T
NAME	WILLIAMS, L.D.	NAME	Shields, David R.
STREET ADDRESS	1600 INDEPENDENT SQ	STREET ADDRESS	1 Independent Drive, Suite 1600
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	S	TITLE	S
NAME	KREIS, R.R.	NAME	Pope, Deloris H.
STREET ADDRESS	1600 INDEPENDENT SQ	STREET ADDRESS	1 Independent Drive, Suite 1600
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	VPD	TITLE	VP/AS/D
NAME	HERTLE, CAROL B	NAME	Hertle, Carol B.
STREET ADDRESS	1010 EAST ADAMS ST	STREET ADDRESS	1010 East Adams Street
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	Jacksonville, FL 32202
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Carol B. Hertle Carol B. Hertle, Vice Pres. 4/6/00 904/355-8311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #