

22  
**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # **H08394**

1. Entity Name

Energy Equipment Sales, Inc

02 NOV -7 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1057 Ellis Ave.**

3. Mailing Address  
**204 Challenge Road**

Suite, Apt. #, etc.  
**Unit 6**

Suite, Apt. #, etc.

City & State  
**Jacksonville, FL**

City & State  
**Raleigh, NC**

Zip  
**32254**

Country  
**US**

Zip  
**27603**

Country  
**US**

4. FEI Number  
**593401905**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **William Guiney**

Street Address (P.O. Box Number is Not Acceptable)

**1057 Ellis Ave #6**

City **Jacksonville**

**FL**

Zip Code  
**32254**

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 date 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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**President  
William T. Guiney  
204 Challenge Road  
Raleigh NC 27603**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**9000008879519  
11/07/02--01100--001 \*\*158.75**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**William Guiney**

**10/20/02**

**919-661-0328**

Date

Daytime Phone #

CR2E034B (12/01)

11/14/02

**Energy Equipment Sales, Inc**  
**204 Challenge Road**  
**Raleigh, North Carolina 27603**  
**(919) 661-0328 Phone & Fax**

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

October 20, 2002

Re: Reinstatement

I moved from Florida in August of 2001 and did not receive the forwarded mail that included the renewal for 2002 Uniform Business Report.

Please waive any late fees of reinstatement charges.

Enclosed form and check for \$158.75 to cover the cost of the annual fee and copy of the Certificate of status.

Thank you,



William T. Guiney  
President