FILED Apr 08, 2003 8:00 am Secretary of State

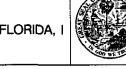
04-08-2003 90099 023 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

J43010 DOCUMENT #

1. Entity Name

ENERGY CONSERVATION SERVICES OF NORTH FLORIDA, I NC.



·						
Principal Place of Business 6120 SW 13TH STREET GAINESVILLE FL 32608 US		Mailing Address 6120 SW 13TH ST. GAINESVILLE FL 3260 US	D8			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHA		
City & State		City & State		4. FEI Number 59-2751662		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.7		
	-6Name and Address of Ci	urrent Registered Agent		7. Name and Address of New Registered Agent		
LANE, SHIRL 6120 SW 13 GAINESVILLI	TH ST.	· .	Name Street Add	dress (P.O. Box Number is Not Acceptable)		

☐ CHECK HERE IF MAKING CHANGES

Not Applicable \$8.75 Additional Fee Required

Applied For

Nar	no.	 	 	
INGJ	110			

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. I am familiar with, and accept the obligations of registered agent.

11.

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

CITY-ST-ZIP

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

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Trust Fund Contribution.

\$5.00 May Be Added to Fees

	FILE NOW!!!	FEE IS \$150.00	
Ċ	After May 1, 2003	Fee will be \$550.00	
Make	Check Payable to F	orida Department of State	
10.		OFFICERS AND DIRECTO	RS

TITLE □ Delete TITLE ☐ Change ☐ Addition LANE, THOMAS HARRISON NAME NAME 10945 N.W. 32 AVENUE STREET ADDRESS STREET ADDRESS GAINESVILLE FL CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F Change Addition NAME NAME

STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE NAME

STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE

NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete TITLE NAME STREET ADDRESS ☐ Change Addition

☐ Change

☐ Addition

☐ 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 607, 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.

CITY-ST-ZIP

1/10/63 352 377-8866 Daytime Phone #