

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011864

1. Entity Name

ENERGY ACCOUNTING SERVICES, LLC

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90099 009 ****50.00

0050841

Principal Place of Business

3635 NW 4TH AVENUE
BOCA RATON FL 33431

Mailing Address

P.O. BOX 3806
BOCA RATON FL 33427

00042642



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1045957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

BRYON, CHRIS
3635 NW 4TH AVENUE
BOCA RATON FL 33431

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
NAME **BRYON, CHRIS**
STREET ADDRESS **3635 NW 4TH AVE.**
CITY-ST-ZIP **BOCA RATON FL 33431**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Chris Bryon
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE

3-1-02

Date

561-368-1042

Daytime Phone #

CR2E083 (9/01)