

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019118

1. Entity Name

EXTRACTECH ENERGY, LLC

Principal Place of Business

6200 COURTNEY CAMPBELL CAUSEWAY, SUITE 540
TAMPA FL 33607

Mailing Address

6200 COURTNEY CAMPBELL CAUSEWAY, SUITE 540
TAMPA FL 33607

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

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

SMITH, DARRELL C
101 EAST KENNEDY BOULEVARD, SUITE 2800
TAMPA FL 33602

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)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

300005208353--2
-04/08/02--01058--002
****250.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT & C.O.O. (MGRM) ☐ Change ☒ Addition
GEORGE CALVERT
3405 AMBERTACK DRIVE
HERNANDO BEACH, FL 34607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C.E.O. (MGRM) ☐ Change ☒ Addition
JAMES BAGWELL
PO BOX 20225
TAMPA, FL 33622

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C.F.O. (MGRM) ☐ Change ☒ Addition
GREGORY F. GUIDO
5818 HUDSON MANOR BLVD.
LITHIA, FL 33547

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP MARKETING & SALES (MGRM) ☐ Change ☒ Addition
C.O. (CHIP) MORGAN
128 ADRIATIC AVENUE
TAMPA, FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM ☐ Change ☒ Addition
JAMES DONOVAN
8805 ROBERTS ROAD
ODESSA, FL 33556

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: [Signature] SIGNATURE REQUIRED

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

Date

Daytime Phone #

2-15-02

813-869-6710

APPROVED
AND
FILED

02 APR -8 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)