

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 28 PM 12:17

DOCUMENT # L02000014593

1. Entity Name
CHARGE-O-MATIC ENERGY RECOVERY DEVICES, LLC



Principal Place of Business
928 SKYLARK DRIVE
FORT PIERCE, FL 34982

Mailing Address
928 SKYLARK DRIVE
FORT PIERCE, FL 34982

2. Principal Place of Business

311 South Second Street

3. Mailing Address

P.O. Box 1270

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Fort Pierce, FL

City & State

Fort Pierce, FL

4. FEI Number

46-0484988

Applied For

Not Applicable

Zip

34950

Country

St. Lucie

Zip

34954

Country

St. Lucie

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LONG, THOMAS
928 SKYLARK DRIVE
FORT PIERCE, FL 34982

7. Name and Address of New Registered Agent

Name
Michael D. Fowler, Esquire

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

311 South Second Street

City

Fort Pierce

FL

Zip Code

34950

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.

SIGNATURE:

Michael D. Fowler

7/24/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Make Check Payment to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
President ☐ Delete
NAME
Michael D. Fowler
STREET ADDRESS
311 South Second Street
CITY-STATE-ZIP
Fort Pierce, FL 34950

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10. ADDITIONS/CHANGES

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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 606, Florida Statutes.

SIGNATURE:

Michael D. Fowler, Pres.

7/24/03

(772) 464-8200

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

Date

Daytime Phone #

CR2E083 (10/02)