FROM : BELLEROSE ENT FAX NO. : 8136542934

FILED
Jul 14, 2003 8:00 am
Secretary of State
07-14-2003 90164 045 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L48455

Entity Name
ECONOMIZER, INC.

90142006

Principal Place of Business	Mailing Address
14720 N.E. KING SR. BLVD. 12617 THONOTOSASSA ROAD DOVER, FL 33527 US	14720 N.E. KING SR. BLVD. 12617 THONOTOSASSA ROAD DOVER, FL 33527 US

[redacted]

CHECK HERE IF MAKING CHANGES

3. Principal Place of Business	3. Mailing Address
2040 Hwy 470	2040 Hwy 470
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Panasoffkee	City & State: Lake Panasoffkee
Zip: 33538 County: Sumter	Zip: 33538 County: Sumter

4. FEI Number: 59-2996799 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEISTAND, DOUGLAS R.
12617 THONOTOSASSA ROAD
THONOTOSASSA, FL 33592

7. Name and Address of New Registered Agent

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

SIGNATURE _____ DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
D HEISTAND, DOUGLAS R. 12617 THONOTOSASSA ROAD THONOTOSASSA, FL	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby 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 blank like empowered.

SIGNATURE: [signature] 7-9-03

SIGNATURE AND TITLE OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date

Originally filed on 7-13-03 Ck has never cleared the bank - It must have been lost in the mail

Attachment
90142006
#L48455

One Hundred Fifty and No/100 Dollars 1/13/2003 $150.00

Florida Department of State
Division of Corporations
P O Box 1500
Tallahassee, FL 32302-1500

Memo: Florida Department of State

Florida Department of State	25951	1/13/2003	$150.00
Florida Department of State Account Detail:	6-8180 Taxes & Licenses		$150.00

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