

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N99000001125****1. Entity Name**  
NATIONAL ENERGY RATERS ASSOCIATION, INCORPORATED

<b>Principal Place of Business</b> 145 WEKIVA SPRINGS ROAD, SUITE 149B  LONGWOOD FL 32779	<b>Mailing Address</b> 145 WEKIVA SPRINGS ROAD, SUITE 149B  LONGWOOD FL 32779
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<b>2. Principal Place of Business</b> 145 WEKIVA SPRINGS ROAD, SUITE 187	<b>3. Mailing Address</b> 145 WEKIVA SPRINGS ROAD, SUITE 187
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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<b>City &amp; State</b> LONGWOOD FL	<b>City &amp; State</b> LONGWOOD FL
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<b>Zip</b> 32779	<b>Country</b>	<b>Zip</b> 32779	<b>Country</b>
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<b>4. FEI Number</b> 59-3559709	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

KETTLES COLLEEN  
145 WEKIVA SPRINGS ROAD, SUITE 149B  
  
LONGWOOD FL 32779

**7. Name and Address of New Registered Agent**

<b>Name</b> KETTLES COLLEEN
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 145 WEKIVA SPRINGS ROAD, SUITE 187
<b>City</b> LONGWOOD FL <b>Zip Code</b> 32779

**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 COLLEEN KETTLES****05/01/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:  
FEE IS \$61.25****9. Election Campaign Financing**  
Trust Fund Contribution. ☐**\$5.00 May Be**  
Added to Fees**Make Check Payable to**  
Department of State**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> D	<input type="checkbox"/> Delete
<b>NAME</b> MCKENDRY BRUCE SR.	
<b>STREET ADDRESS</b> 1613 MANTES DRIVE	
<b>CITY-ST-ZIP</b> COCOA FL 32926	
<b>TITLE</b> D	<input type="checkbox"/> Delete
<b>NAME</b> KAPCZYNSKI JOSEPH	
<b>STREET ADDRESS</b> 44 SEA VISTA DRIVE	
<b>CITY-ST-ZIP</b> PALM COAST FL 32137	
<b>TITLE</b> D	<input type="checkbox"/> Delete
<b>NAME</b> FONOROW KEN	
<b>STREET ADDRESS</b> 15220 NW 5TH AVE.	
<b>CITY-ST-ZIP</b> NEWBERRY FL 32669	
<b>TITLE</b> D	<input type="checkbox"/> Delete
<b>NAME</b> DIBELLO STAN	
<b>STREET ADDRESS</b> 143 E. PIEDMONT AVE.	
<b>CITY-ST-ZIP</b> PORT ORANGE FL 32119	
<b>TITLE</b> D	<input type="checkbox"/> Delete
<b>NAME</b> CHAVIS LEROY SR.	
<b>STREET ADDRESS</b> 1605 CRYSTALVIEW TRAIL	
<b>CITY-ST-ZIP</b> LAKE LAND FL 33801	
<b>TITLE</b> D	<input type="checkbox"/> Delete
<b>NAME</b> BESSETTE DAVID	
<b>STREET ADDRESS</b> 1080-A RAINIER DRIVE	
<b>CITY-ST-ZIP</b> ALTAMONTE SPRINGS FL 32714	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b> DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> KLONERBO JON	
<b>STREET ADDRESS</b> 1351 PARK AVE	
<b>CITY-ST-ZIP</b> TITUSVILLE FL 32780	
<b>TITLE</b> DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> GUINEY WILLIAM	
<b>STREET ADDRESS</b> 795 KEENELAND PIKE	
<b>CITY-ST-ZIP</b> LAKE MARY FL 32746	
<b>TITLE</b> DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> BESSETTE DAVID	
<b>STREET ADDRESS</b> 1080-A RAINIER DRIVE	
<b>CITY-ST-ZIP</b> ALTAMONTE SPRINGS FL 32714	
<b>TITLE</b> DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> BARNES MALCOLM	
<b>STREET ADDRESS</b> 3300 UNIVERSITY BLVD SUITE 158	
<b>CITY-ST-ZIP</b> WINTER PARK FL 32792	
<b>TITLE</b> D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> FONOROW KEN	
<b>STREET ADDRESS</b> 15220 NW 5TH AVE	
<b>CITY-ST-ZIP</b> NEWBERRY FL 32669	
<b>TITLE</b> DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> STROER DENNIS	
<b>STREET ADDRESS</b> 230 DARTMOUTH ROAD	
<b>CITY-ST-ZIP</b> VENICE FL 34293	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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.****SIGNATURE: COLLEEN KETTLES**

M

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

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**JERRY THATCHER, DIRECTOR**  
**3905 E ENGLE**

**VALPARISO, IN 46383**

**JOE PIETRZAK, DIRECTOR**  
**4359 SE MARICAMP ROAD**

**OCALA, FL 34471**

**MARK JANSEN, DIRECTOR**  
**1845 W 18TH ST**

**INDIANAPOLIS, IN 46202**

**LEROY CHAVIS, SR. DIRECTOR**  
**1605 CRYSTALVIEW TRAIL**

**LAKELAND, FL 33801**

**BOB BLACK, DIRECTOR**  
**1613 HANSEN STREET**

**SARASOTA, FL 34231**

**COLLEEN KETTLES, MANAGING DIRECTOR**  
**145 WEKIVA SPRINGS ROAD SUITE 187**

**LONGWOOD, FL 32779**