2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000001126

Entity Name: NATIONAL ENERGY RATING FOUNDATION, INCORPORATED

FILED Apr 14, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
145 WEKIVA SPRINGS ROAD, SUITE 187 LONGWOOD, FL 32779				101 COVE LAKE DRIVE LONGWOOD, FL 32779			
Current Mailing Address:				New Mailing Address:			
145 WEKIVA SPRINGS ROAD, SUITE 187 LONGWOOD, FL 32779				101 COVE LAKE DRIVE LONGWOOD, FL 32779			
FEI Number: 59-3559734 FEI Number Applied For () FEI N			FEI Numb	mber Not Applicable () Certificate of Status Desired (X)			
Name and	Address of C	Current Registered Agent:	N	lame and	Address of N	ew Registered A	gent:
KETTLES, COLLEEN 145 WEKIVA SPRINGS ROAD, SUITE 187 LONGWOOD, FL 32779				KETTLES, COLLEEN 101 COVE LAKE DRIVE LONGWOOD, FL 32779			
	named entity : e of Florida.	submits this statement for the pu	irpose of c	changing its	s registered of	fice or registered	agent, or both,
SIGNATURE: COLLEEN KETTLES						04/14/2003	
	Electror	ic Signature of Registered Ager	nt			Date	
OFFICERS	S AND DIREC	TORS:	Δ	ADDITIONS	S/CHANGES	TO OFFICERS A	ND DIRECTORS:
Title: Name: Address: City-St-Zip:	D () STROER, DEN 230 DARTMOU VENICE, FL 34	TH ROAD	N A	iitle: lame: .ddress: city-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () FAIREY, PHILL 1679 CLEARLA COCOA, FL 32	KE ROAD	N A	itle: lame: ddress: city-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () MOYER, NEIL 1679 CLEARLA COCOA, FL 32		N A	itle: lame: ddress: city-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () GLENN, PATTI 3923 SW 180T NEWBERRY, F		N A	itle: lame: ddress: city-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	JONES, PIERC	ERRACE BLDG 242	N A	itle: lame: .ddress: city-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	KETTLES, COL	PRINGS ROAD SUITE 187	N A	itle: lame: .ddress: city-St-Zip:	S/D (X) KETTLES, COLI 101 COVE LAKE LONGWOOD, F	E DRIVE	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLLEEN KETTLES S/D 04/14/2003