

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000027408

1. Entity Name

ALL FLORIDA ENERGY & WATER, INC.

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90073 006 ***150.00

Principal Place of Business

2752 COURTLAND BOULEVARD
DELTONA FL 32738

Mailing Address

2752 COURTLAND BOULEVARD
DELTONA FL 32738

00046143



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1000 SAVAGE CT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

215

City & State

LONGWOOD FL

City & State

4. FEI Number

59-3634436

Applied For

Not Applicable

Zip

32750

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DARGAN, DANIEL B
2752 COURTLAND BOULEVARD
DELTONA FL 32738

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME DARGAN, DANIEL B.
STREET ADDRESS 2752 COURTLAND
CITY-ST-ZIP DELTONA FL 32738 ☐ Delete

TITLE V
NAME CAPAPANA, HENRY W.
STREET ADDRESS 7833 EMU DRIVE
CITY-ST-ZIP ORLANDO FL 32822 ☐ Delete

TITLE ST
NAME DANIELS, ATORIA R
STREET ADDRESS 1620 W. FINLAND DRIVE
CITY-ST-ZIP DELTONA FL 32725 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/14/01

Daytime Phone #

CR2E034 (10/00)

0475926