

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91342 010 ***150.00

DOCUMENT # **P00000036032** ✓
1. Entity Name
DAVE'S SUBMETERING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3880 MARTIN ST
Suite, Apt. #, etc.

3. Mailing Address
3880 MARTIN ST.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **ORLANDO, FL** City & State **ORLANDO, FL** 4. FEI Number **593642370** Applied For
Not Applicable

Zip **32806** Country Zip **32806** Country 5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **DAVID H HOYT**
Street Address (P.O. Box Number is Not Acceptable)
3880 MARTIN STREET
City **ORLANDO** FL Zip Code **32806**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) **January 1 - May 1 Fee is \$150.00**
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT DAVID H HOYT 3880 MARTIN ST ORLANDO, FL 32806	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E0348 (12/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **David H Hoyt** 5-8-02 407 421 6338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #