

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

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90049 007 ***150.00

DOCUMENT # P00000074664 ✓

1. Entity Name

ENERGY SAVING PRODUCTS OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4000 NW 110th Dr.

3. Mailing Address

P.O. Box 1119

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JASPER, FL

City & State

JASPER, FL

4. FEI Number

59-3661956

Applied For

Not Applicable

Zip

32052

Country

HAMILTON

Zip

32052

Country

HAMILTON

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

HERMAN A. VIDAL

Street Address (P.O. Box Number is Not Acceptable)

4000 NW 110th Dr

City

JASPER

FL

Zip Code

32052

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

Herman A. Vidal, President

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

(NOTE: Registered Agent signature required when resigning)

4/30/02

DATE

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
CEO/DIRECTOR
ROBERT M. BEATZ
5266 S. STETSON POINT DR.
HOMOSASSA, FL 34448

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT/DIRECTOR
HERMAN A. VIDAL
5275 S. STETSON POINT DR.
HOMOSASSA, FL 34448

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Herman A. Vidal, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

DATE

Officer's Phone #

386/792-1121

CR2E034B (12/01)