

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092982

1. Entity Name  
NRG, INC.

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90029 039 \*\*\*150.00

0317843

Principal Place of Business  
111 NORTH "M" STREET  
LAKE WORTH FL 33460

Mailing Address  
111 NORTH "M" STREET  
LAKE WORTH FL 33460

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



DO NOT WRITE IN THIS SPACE

65-1058627  
65-1058627

4. FEI Number  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BEZWIECHIN, CHAM N  
111 NORTH "M" STREET  
LAKE WORTH FL 33460

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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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

11. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D BEZWIECHIN, CHAM N 111 NORTH "M" STREET LAKE WORTH FL 33460  
Delete  
Delete  
Delete  
Delete  
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition  
Change Addition  
Change Addition  
Change Addition  
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: *Cham Bezwiechin* 2- -01 561-588-2426  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)