2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 25, 2002 8:00 am P01000016220 DOCUMENT # Secretary of State 1. Entity Name ENERGY ERECTORS, INC. 01-25-2002 90022 024 ***158.75 Principal Place of Business Mailing Address 31588 PROGRESS RD. 31588 PROGRESS RD. LEESBURG FL 34748 LEESBURG FL 34748 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 39-1363163 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \mathbf{x} Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHINDERLE, GERALD Street Address (P.O. Box Number is Not Acceptable) 31588 PRÓGRESS RD. LEESBURG FL 34748 Zip Code FL 8. Trie 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition □ Delete TITLE Chairman of Board NAME NAME Joyce S. Brule STREET ADDRESS STREET ADDRESS 31588 Progress Road Leesburg, FL 34748 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition President NAME NAME William L. Beers STREET ADDRESS STREET ADDRESS 5329 Twin Palms Road Fruitland Park, FL 34731 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Secretary/Treasurer ☐ Delete TITLE ☐ Change NAME Gerald A. Schinderle NAME STREET ADDRESS STREET ADDRESS 1766 Crestview Drive CITY-ST-ZIP CITY-ST-7IP Mount Dora, FL 32757 Vice President TITLE Change ☐ Addition ☐ Delete TITLE Thomas P. Keating NAME NAME STREET ADDRESS STREET ADDRESS 418 Poinsettia Avenue CITY-ST-ZIP CITY-ST-7/P <u>Inverness, FL 34452</u> TITLE ☐ Change ☐ Addition ☐ Delete TITLE Consultant NAME NAME Warren J. Brule STREET ADDRESS STREET ADDRESS 31588 Progress Road CITY-ST-ZIP CITY-ST-7IP Leesburg, FL 34748 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

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CITY-ST-ZIP

LGERADO A. SCHINDERLEY 17/02