

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90243 040 ***158.75

DOCUMENT # P01000016220

1. Entity Name
ENERGY ERECTORS, INC.



Principal Place of Business
31588 PROGRESS RD.
LEESBURG FL 34748

Mailing Address
31588 PROGRESS RD.
LEESBURG FL 34748

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **39-1363163**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHINDERLE, GERALD
31588 PROGRESS RD.
LEESBURG FL 34748

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. I am familiar with, and accept the obligations of registered agent.

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB BRULE, JOYCE S 31588 PROGRESS RD. LEESBURG FL 34748	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEERS, WILLIAM L 5329 TWIN PALMS ROAD FRUITLAND PARK FL 34731	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHINDERLE, GERALD A 1766 CRESTVIEW DRIVE MOUNT DORA FL 32757	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEATING, THOMAS P 418 POINSETTA AVE INVERNESS FL 34452	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BRULE, WARREN J 31588 PROGRESS RD. LEESBURG FL 34748	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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 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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gerald A. Schinderle* **GERALD A. SCHINDERLE** 2-17-03 (952) 787-3878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)