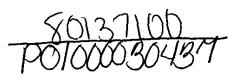
## FILED Aug 08, 2003 8:00 am Secretary of State 08-08-2003 90093 002 \*\*\*150.00

| OCUI                                             | 2003 FOR PROFI<br>NIFORM BUSINE<br>MENT #P01000030<br>ERGY ELECTRIC, INC.                                                                                   |                                                                                                                         | (UBR)                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      | 80133                                                                 | (TU)                       | U                                       |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------|-----------------------------------------|
| 6080 71 LA                                       | e of Business<br>NE NORTH<br>F, FL 33470                                                                                                                    | Mailing Acidress<br>16080 71 LANE NORTH<br>LOXAHATCHEF, FL 33470                                                        |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      |                                                                       |                            |                                         |
| 4080                                             |                                                                                                                                                             | 16080 71 W N                                                                                                            |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      |                                                                       |                            |                                         |
| Suite, Apt.                                      | ≢, etc.                                                                                                                                                     | Suite, Apt. #, etc.                                                                                                     |                                                                       | }                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CHECK HE                                                                                             | RE IF MAKING CH                                                       | ANGES                      |                                         |
| City a state                                     | atchee                                                                                                                                                      | Loxahatch                                                                                                               | éÉ -                                                                  | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4. FEI Number 85-10912                                                                               | 200                                                                   |                            | plied For<br>Applicable                 |
| ヹヮ<br>ゔシソフロ                                      | Country                                                                                                                                                     | 33470                                                                                                                   | Country                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5. Certificate of Status Desir                                                                       | ed 🗆 <b>\$8</b>                                                       | 75 Add<br>Requires         | itional<br>d                            |
|                                                  | 6. Name and Address of Current                                                                                                                              | Registered Agent                                                                                                        | Name                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7. Name and Address of No                                                                            | or Registered Age                                                     | mt                         |                                         |
| CHAD, HER<br>4539 63RD<br>OXAHATO                |                                                                                                                                                             |                                                                                                                         | Street A<br>160<br>Oly 1                                              | Cha<br>deess (P)<br>080<br>080                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | O. BOX Number is Not Accep                                                                           | FL                                                                    | 3250                       | 170                                     |
| Same and the Company                             |                                                                                                                                                             | 65 C C C C C C C C C C C C C C C C C C C                                                                                | Special State of Signal                                               | ne depôted of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Election Campaign Trust Fund Contrib                                                                 | outlion.                                                              | Ådded                      | O May Be.<br>to Fues                    |
| ME<br>THEET ADDRESS                              | OFFICERS AND D HERZOG, CHAD A 14639 53RD CT NORTH LOXAHATCHEE, FL 33470                                                                                     | ☐ Delete                                                                                                                | TITLE<br>RAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | Herz<br>1608<br>Lox                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | abortions/changes to<br>og 1 Chad A,<br>10 71 LN W<br>1 had chee 1 Fl                                | <u>_</u>                                                              | Charge                     | Addition                                |
| TLE<br>VANE<br>TREET ADDRESS<br>TY-ST-2P         |                                                                                                                                                             | □ Delete                                                                                                                | TITLE NUME STREET ADDRESS CITY-ST-ZP                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      |                                                                       | Change                     | Addition                                |
| NE<br>HAR<br>HEET ADDRESS<br>IY-ST-ZP            |                                                                                                                                                             | □ Deleye                                                                                                                | TITLE MANE STREET ADDRESS CHY-ST-ZIP                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      |                                                                       | Change                     | Addition                                |
| ILE<br>IME<br>REET ADDRESS                       |                                                                                                                                                             | Delete                                                                                                                  | NAME<br>STREET ADDRESS                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      |                                                                       | Change                     | Addition                                |
| IY-ST-2P  LE |                                                                                                                                                             | ☐ Defete                                                                                                                | CITY-ST-ZIP  TOLE  NAME STREET ADDRESS                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      |                                                                       | Change                     | Addition                                |
| IY-ST-ZP<br>LLE<br>LAE<br>REET ALIDHESS          |                                                                                                                                                             | ☐ Deks                                                                                                                  | CITY-ST-ZIP TITLE NAME STIMET ADDRESS                                 | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | · · · · · · · · · · · · · · · · · · ·                                                                | . 0                                                                   | Change                     | Addition                                |
| or the con;<br>changed,                          | or this the information supplied with on this report or suppliemental report occation or the receiver or trustee empor or on an attachment with an address. | this filing does not qualify for to the said accurate and that my deserged this report a which at other like empowered. | CffY-ST-ZIP the exemption state y signature chall his required by Cha | ed in Section | ion 119.07(3)(i). Fiorida Statut<br>me legal effect as if made und<br>Porida Statutes; and that my r | es, I further certify t<br>deroath; that I am a<br>name appears in Bk | hat the interest ock 10 or | lormation<br>or director<br>Block 11 if |



16080 71 LN N
Loxahatchee, FL 33470
August 1, 2003
Florida Dept. of State, Division of Corporations, Corporate Filings P.O. Box 6327
Tallahassee, FL 32314

Dear Florida Dept. of State, Division of Corporations, Corporate Filings: I am writing this letter to inform you that I did not receive the first 2003 for profit corporation uniform business report. The mailing address I am using is where I have been building a new home now since August of 2002 and I have been receiving my mail there since I was able to set up a temporary mobile home on the property. I originally forwarded my mail to another address for some time through the post office from the previous address to this address and have had a difficult time getting my mail from the Post Office. In addition to that I have had my mail box run over by about every conceivable piece of heavy equipment during the construction process and have had difficult time with the Post Office delivering my mail since I don't have a permanent residence on the property completed at this time and hope you accept this letter and the payment of \$150.00. I apologize for sending it in late but could do nothing due to the above situations I described. If you have any questions you can contact me at 561-262-2775. Thank you.

Chad Herzog
Pure Energy Electric, Inc.