

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 90399 038 ***150.00

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DOCUMENT # P01000035398

1. Entity Name
FLORIDA ENERGY LOAN PROGRAM, INC.



Principal Place of Business
**12154 80TH AVENUE NORTH
SEMINOLE FL 33772**

Mailing Address
**12154 80TH AVENUE NORTH
SEMINOLE FL 33772**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARLI, SAMUEL B
8000 SAILBOAT KEY BOULEVARD #206
SOUTH PASADENA FL 33707**

Name **CARLI Samuel B**
Street Address (P.O. Box Number is Not Acceptable)
12154 80th Avenue North
City **Seminole** FL Zip Code **33772**

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

Samuel B. Carli

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 Delete
NAME **D CARLI, SAMUEL B**
STREET ADDRESS **8000 SAILBOAT KEY BLVD. #206**
CITY-ST-ZIP **SOUTH PASADENA FL 33707**

TITLE Change Addition
NAME **CARLI Samuel B**
STREET ADDRESS **12154 80th Avenue North**
CITY-ST-ZIP **Seminole FL 33772**

TITLE Delete
NAME **D CARLI, JUDY S**
STREET ADDRESS **6542 POST OAK DRIVE**
CITY-ST-ZIP **WEST BLOOMFIELD MI 48322**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D CARLI, MATTHEW D**
STREET ADDRESS **6542 POST OAK DRIVE**
CITY-ST-ZIP **WEST BLOOMFIELD MI 48322**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D CARLI, SARA R**
STREET ADDRESS **6542 POST OAK DRIVE**
CITY-ST-ZIP **WEST BLOOMFIELD MI 48322**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D CARLI, GIANNI M**
STREET ADDRESS **6542 POST OAK DRIVE**
CITY-ST-ZIP **WEST BLOOMFIELD MI 48322**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Judy S. Carli*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-15-03** (248)
Daytime Phone # **539-9270**

CR2E034 (10/02)