

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000057805**1. Entity Name
AGILIS POWER VENTURES, INC.Principal Place of Business
**204 E TERRACE AVE
PLANT CITY FL 33565**Mailing Address
**204 E TERRACE AVE
PLANT CITY FL 33565**

2. Principal Place of Business

Same

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

City & State

Zip
33563

Country

Zip
33563

Country

4. FEI Number

38-3641549

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**RICHARD A ZAMBO PA
598 SW HIDDEN RIVER AVE
PALM CITY FL 34990**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

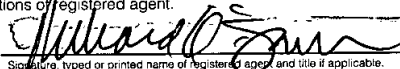
FL

Zip Code

7. Name and Address of New Registered Agent

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.

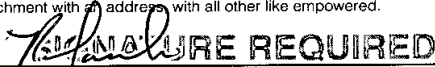
(NOTE: Registered Agent signature required when reinstating.)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BEDLEY, MICHAEL D
8080 BERMUDA POINT LANE
DAVIE FL 33328** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SACCHI, RICHARD
204 E TERRACE AVE
PLANT CITY FL 33565** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
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☐ Change ☐ AdditionTITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ 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:

 **SIGNATURE REQUIRED**

7/11/02

813 754 7916

FILED
Aug 01, 2002 8:00 am
Secretary of State

08-01-2002 90170 001 ***550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (4/02)