

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90231 034 ***150.00

05/17/02 AV

DOCUMENT # P01000083466

1. Entity Name

FUTURE ENERGY WORLDWIDE INC.

Principal Place of Business

**1241 DOVER CIR.
 APOPKA FL 32703**

Mailing Address

**1241 DOVER CIR.
 APOPKA FL 32703**

2. Principal Place of Business

1253 Dover Cir
 Suite, Apt. #, etc.

3. Mailing Address

1253 Dover Cir A
 Suite, Apt. #, etc.
PO Box 1508

City & State

Apopka FL
 Zip **32703** Country **Orange**

City & State

Apopka FL
 Zip **32703** Country **Orange**

4. FEI Number

593740477

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ROSE, BELVA F
 1253 DOVER CIR.
 APOPKA FL 32703**

7. Name and Address of New Registered Agent

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.

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	HENDRIX, MARLENE P
STREET ADDRESS	1241 DOVER CIR.
CITY-ST-ZIP	APOPKA FL 32703
TITLE	D <input type="checkbox"/> Delete
NAME	HENDRIX, BILLY E
STREET ADDRESS	1241 DOVER CIR.
CITY-ST-ZIP	APOPKA FL 32703
TITLE	D <input type="checkbox"/> Delete
NAME	ROSE, BELVA F
STREET ADDRESS	1253 DOVER CIR.
CITY-ST-ZIP	APOPKA FL 32703
TITLE	D <input type="checkbox"/> Delete
NAME	JENKINS, MEADE S
STREET ADDRESS	P. O. BOX 787
CITY-ST-ZIP	ZELLWOOD FL 32798
TITLE	D. <input type="checkbox"/> Delete
NAME	Hart Kleffel
STREET ADDRESS	1120 Dot Dr
CITY-ST-ZIP	Apopka FL 32714
TITLE	Altamonte Springs <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04

Date

407-464-0298

Daytime Phone #

CR2E034 (9/01)