

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

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90049 017 \*\*\*150.00

DOCUMENT # PO10001176032  
1. Entity Name  
ENERGY SAVING PRODUCTS INTERNATIONAL, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
4000 N.W. 110th DRIVE  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 1119  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
JASPER, FL  
Zip  
32052 Country  
USA

City & State  
JASPER, FL  
Zip  
32052-1119 Country  
USA

4. FEI Number  
04-3615534  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
HERMAN A. VIDAL  
Street Address (P.O. Box Number is Not Acceptable)  
4000 NW 110th DRIVE  
City  
JASPER FL Zip Code  
32052

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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
CEO	ROBERT M. BRAATZ	5266 S. Stetson Point DR.	HOMOSASSA, FL 34448
PRESIDENT	HERMAN A. VIDAL	5275 S. Stetson Point DR.	HOMOSASSA, FL 34448
SECRETARY	LESTER SAMPLES, III	23378 CROOM ROAD	BROOKSVILLE, FL 34601

**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Herman A. Vidal, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02  
Date

386/792-1121  
Daytime Phone #