FILED

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Apr 16, 2003 8:00 am Secretary of State P02000052835 DOCUMENT # 1. Entity Name 04-16-2003 90146 046 \*\*\*150.00 ENERGY LINE 2000, INC. Principal Place of Business Mailing Address 17512 LEBANON ROAD 17512 LEBANON ROAD 医精筋体结肠切除的 FORT MYERS FL 33912 FORT MYERS FL 33912 2. Principal Place of Business 3. Mailing Address 3775W.WKlor Ave Fit 3775 Winkle Aue ExT Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES #51 #514 City & State City & State 4. FEI Number Applied For ToridA 8 02-0605021 Not Applicable Country CSA \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UDART, JOHN C II Street Address (P.O. Box Number is Not Acceptable) 17512 LEBANON ROAD FORT MYERS FL 33912 City Zip Code 8. The above named effity 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 r istered agent. Z3MA: 03 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PST TITLE TITLE Change Addition ☐ Delete I S WACT, FRAGU UDART, JOHN C II NAME NAME 3775 Winkler Ave ExT #514 STREET ADDRESS 17512 LEBANON ROAD STREET ADDRESS FORT MYERS FL 33912 CITY-ST-ZIP CITY-ST-ZIP FT. Myes, FL 33916 ☐ Delete TITLE Change TITLE Addition UDART, JOHN C UDDET, JOHNCIE NAME NAME 3775 W. WKLE Ave EXT #514 STREET ADDRESS 17512 LEBANON ROAD STREET ADDRESS FORT MYERS FL 33912 CITY-ST-ZIP CITY-ST-7IP FT.Myers FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME **STREET ADDRESS** STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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

<u>239.939.*5*490</u>

SIGNATURE:

changed, or on an attachmen

an/address