

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35934

1. Entity Name

UNITED ENERGY ASSOCIATES, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90090 006 ***150.00

Principal Place of Business

Mailing Address

140 NORTH ORLANDO AVE.
 SUITE 150
 WINTER PARK FL 32789

140 NORTH ORLANDO AVE.
 SUITE 150
 WINTER PARK FL 33881-4002

2. Principal Place of Business

334 Third Street NW

Suite, Apt. #, etc.

3. Mailing Address

334 Third Street NW

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Winter Haven FL

City & State

Winter Haven FL

4. FEI Number

59-3090041

Applied For

Not Applicable

Zip

Country

USA

Zip

33881

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMATHERS, JAMES F.
 140 N. ORLANDO AVE.
 STE. 150
 WINTER PARK FL 32789

Name

James F. Smathers

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

334 Third Street NW

City

Winter Haven

FL

Zip Code

33881

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

5/15/2000

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	STD HOWELL, JUDY D. 11 HICKORY WAY WINTER HAVEN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMATHERS, JAMES F. 11 HICKORY WAY WINTER HAVEN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELCHER, JOHN M. 110-A NIPPINO TRAIL NOKOMIS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/15/2000

CR2E034 (9/99)