

2000 UNIFORM BUSINESS REPORT (UBR)

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90274 018 ***150.00

DOCUMENT # P41134

1. Entity Name

POWER & ENERGY PROFESSIONALS, INC.

Principal Place of Business

710 OAKFIELD DR.
STE 254
BRANDON, FL 33511

Mailing Address

PO BOX 2216
SCHENECTADY, NY 12301

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

35-1808716

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

655965

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLFE, LARRY
200 A JOHN KNOX RD.
TALLAHASSEE, FL 33594

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	P	<input type="checkbox"/> Delete
NAME	RICHARD M. EHRGOTT	
STREET ADDRESS	710 OAKFIELD DRIVE	
CITY - ST - ZIP	BRANDON, FLORIDA 33511	

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

TITLE	VTS	<input type="checkbox"/> Delete
NAME	RICHARD D. GOLLIHER	
STREET ADDRESS	140 NORTH MAIN STREET	
CITY - ST - ZIP	SUMMERVILLE, SC 29484	

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

TITLE	AT	<input type="checkbox"/> Delete
NAME	MARK D. LIGHTSEY	
STREET ADDRESS	710 OAKFIELD DRIVE	
CITY - ST - ZIP	BRANDON, FLORIDA 33511	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	JACK L. LAMBERT	
STREET ADDRESS	140 NORTH MAIN STREET	
CITY - ST - ZIP	SUMMERVILLE, SC 29484	

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

TITLE	V	<input type="checkbox"/> Delete
NAME	ROBERT M. TULLMAN	
STREET ADDRESS	710 OAKFIELD DRIVE	
CITY - ST - ZIP	BRANDON, FLORIDA 33511	

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

TITLE	V/AT	<input type="checkbox"/> Delete
NAME	BUCHANAN, MARK E.	
STREET ADDRESS	12 CORPORATE WOODS BLVD	
CITY - ST - ZIP	ALBANY, NY 12211	

TITLE		<input type="checkbox"/> Change <input checked="" 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:

BARBARA A. MELITA

4/24/99 (518) 433-4308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #