


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

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90118 038 \*\*\*150.00

**DOCUMENT # P94000043343**

1. Entity Name  
**SOUTH SUN ENERGY CONSERVATIONS, INC.**



Principal Place of Business  
**6223 MCINTOSH ROAD SOUTH  
SARASOTA FL 34238  
US**

Mailing Address  
**6223 MCINTOSH ROAD SOUTH  
SARASOTA FL 34238  
US**

2. Principal Place of Business  
**1535 Northgate Blvd**

3. Mailing Address  
**1535 Northgate Blvd.**

Suite, Apt. #, etc.

City & State  
**Sarasota, Florida**

City & State  
**SARASOTA, Florida**

Zip  
**34234**

Country  
**Sarasota**

Zip  
**34234**

Country  
**Sarasota**

4. FEI Number **65-0497853**

Applied For  
 Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**VER VANE, EDWARD  
6223 MCINTOSH ROAD SOUTH  
SARASOTA FL 34238**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1535 Northgate Blvd.**  
**SARASOTA, FL 34234**  
City **FL** Zip Code **34234**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: **4/6/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>VER VANE, EDWARD</b>	
STREET ADDRESS <b>6223 MCINTOSH RD S</b>	
CITY-ST-ZIP <b>SARASOTA FL 34238</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>VER VANE, EDWARD</b>	
STREET ADDRESS <b>1535 NORTHGATE BLVD.</b>	
CITY-ST-ZIP <b>SARASOTA, FL 34234</b>	
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	

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

SIGNATURE: *[Signature]* DATE: **4/6/03** DAYTIME PHONE #: **941-927-9460**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY OF STATE

CR2E034 (10/02)