2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 31, 2000 8:00 am Secretary of State DOCUMENT # P96000090146 C.M.B. ENERGY, INC. 08-31-2000 90099 033 ***150.00 Principal Place of Business Mailing Address 9251 S ORANGE BLOSSOM TR 9251 S ORANGE BLOSSOM TR ORLANDO FL 32837 ORLANDO FL 32837 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3410942 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOBBINS, CHARLES Street Address (P.O. Box Number is Not Acceptable) 9251 S ORANGE BLOSSOM TRAIL ORLANDO FL 32837 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE MARY A. DOBBINS NAME NAME STREET ADDRESS 1236 LAMPLIGHTER WAY STREET ADDRESS 10443 Windermere Chase Blvd. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Gotha, Florida 34734 VSVP 17 Change ☐ Addition TITI F ☐ Delete TITLE NAME CHARLES DOBBINS NAMÉ STREET ADDRESS 1236 LAMPLIGHTER WAY STREET ADDRESS 10443 Windermere Chase Blvd. CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP Gotha, Florida 34734 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trusted 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 w 8-28-2000 CORED 407-816-7001 SIGNATURE: PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR





9251 S. Orange Blossom Trail • Orlando, FL 32837 • 407-816-7001 • FAX 407-857-8446

August 28, 2000

Florida Department Of State Division Of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: 2000 Uniform Business Report

Our business has been established since 1996 and all required forms and requests are answered promptly from all agencies. We have filed each annual report before it is due date and when we received the second notice, I gave you a call. We have had some problems with the mail service in our area where each business receives other peoples mail which we have addressed with the post office.

I know the importance of this report but we never received the first report. On Monday August 28, 2000, I called and spoke with Robin about this issue and she advised to send in the report with a check for \$150.00. Please call me if you have any questions concerning this request.

Thanks.

Charles Dobbins Vice President