

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000061582

ENERGY 2000, INC.

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90009 025 ***150.00



| Principal Place | lace of Business Mailing Address | | | | | 1 1951100 | | 86511 86711 8811 8 | ###################################### | 101 (4)(8 (10) 100) |
|---|-----------------------------------|---------------------|-----------------|------------|----------------------------|----------------------------------|------------------|---------------------------|--|---------------------|
| 7651-A ASHLEY | 7651-A ASHLEY PARK CT | ASHLEY PARK CT | | | | | | | | |
| SUITE 403 | | SUITE 403 | | | DO NOT WRITE IN THIS SPACE | | | | | |
| ORLANDO FL 3 | 32835 | ORLANDO FL 32835 | ILANUU FL 32835 | | | 3. Date Incorporated or Qualifed | | | | |
| | | | | | | 07/14/199 | | - | | |
| 2 Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | | 117 | Applied For |
| | 8 PARK CENTER DRIVE | | ENT | =D [] | RIVE | 59-34579 | | | | Not Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | <u> </u> | 100 | | | | \$8.75 | Additional |
| | SUITE #330 | 27 SUITE #330 | | | | 5. Certifcate of | Status Desired | | Fee f | Required |
| City & State | | City & State | | | | 6. Election Can | npaign Financing | , | \$5.0 | 0 мау Ве |
| 23 OF | PLANDO , JL | 28 ORLANDO, FL | | | ļ | Trust Fund C | Contribution | | Added | to Fees |
| Zip | Country | Zip | Cour | | | | tion owes the cu | rrent year Int | | |
| 24 328 | | <u> </u> | 30 U |)SA | | Personal Pro | | Desistered | Yes | □No |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name | | | | | | | | | | |
| atkinson, steve | | | | | ic | | | | | |
| 7651-A ASHLEY PARK CT | | | , [| 82 Stre | et Addres | is (P.O. Box Num | ber is Not Accer | iable) | ハバニ | # 330 |
| SUITE 403 | | | | | 1768 | PARK | CENTE | K DK | LIVE | # ~~ |
| ORLANDO FL 32835 | | | | 83 | | | | | | |
| | | | | 84 City | ORI | ANDO | | FL | 85 Zij | 2835 |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered | | | | | | | | | | |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | | |
| SIGNATURE \(\square\) | | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature requ | | | | | | | HANGES TO O | DATE SELCEDS AN | ID DIBECT | TORS IN 12 |
| 12. | PCEO | DELETE | 13. | 1.5 | PCE | | PHANGES TO U | TEICERS AI | Thange | |
| TITLE | ATKINSON, STEVE | | 1.2 NAJ | | `a | 14 | STEVE | | _ ' | _ |
| NAME | 7651-A ASHLEY PARK CT, SUITE #403 | | | REET ADDRE | es 17/ | B PARK | CENTER | 2 DRIV | E # | 33 0 |
| STREET ADDRESS | ORLANDO FL 32835 | L #400 | | Y-ST-ZIP | " `~` | SLANDO, | Fl. | 32835 | • | |
| CITY-ST-ZIP | UNLANDO PL 32833 | ☐ DELETE | 2.1 TITI | | — U | CLAMORO, | | 72000 | Change | e ☐ Addition |
| NAME | | | 2.2 NA | | | | | | | _ |
| | | | | REET ADORE | ee | | | | | - |
| STREET ADDRESS | | | | TY-ST-ZIP | ~ | | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 3.1 TIII | | + | • • | | | ☐ Change | Addition |
| NAME | | | 3.2 NAI | | | | | | • | _ |
| STREET ADDRESS | | | | REET ADORE | ss | | | | | į |
| CITY-ST-ZIP | | | | TY-ST-ZIP | | | | | | ì |
| TITLE | - | ☐ DELETE | 4.1 TIT | | <u> </u> | | | | Change | e Addition |
| NAME | | | 4, 2 NA | WE | | | | | | |
| STREET ADDRESS | | | 4.3 STF | REET ADDRE | ss | | | | | |
| CITY-ST-ZIP | | | 4.4 CIT | Y-ST-ZIP | | | | | | |
| TITLE | | ☐ DELETE | 5.1 गा। | | | | | | ☐ Change | e Addition |
| NAME | | | 5.2 NA | ME | | | | | | |
| STREET ADDRESS | | | 5.3 STF | REET ADDRE | ss | | | | | |
| CITY-ST-ZIP | • | | 5.4 CIT | Y-ST-ZIP | | | | | | |
| TITLE | | ☐ DELETE | 6.1 TITI | LE | | | | | Change | e ☐ Addition |
| NAME | | | 62 NA | ME | | | | | | ļ |
| STREET ADDRESS | | | 6.3 STF | REET ADDRE | ss | | | | | Į |
| | 1 | | | | | | | | | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed; or on an attackment with an address, with all other like empowered.

SIGNATURE:

ATTURNED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Delta

De

(407)293-887C

:R2E034 (11/98)