

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069719

1. Entity Name

ENERGY ONE, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90004 014 ***150.00

Principal Place of Business

6312 US HWY 301. N
SUITE 222
ELLENTON FL 34222
US

Mailing Address

6312 U.S. HIGHWAY 301. NORTH
SUITE 222
ELLENTON FL 34222-3066

2. Principal Place of Business

6312 U.S. Hwy 301 North

3. Mailing Address

6312 U.S. Hwy 301 North

Suite, Apt. #, etc.

SUITE 222

Suite, Apt. #, etc.

PMB#222

City & State

ELLENTON FL.

City & State

ELLENTON FL.

4. FEI Number

65-0776759

Applied For

Not Applicable

Zip

34222

Country

US

Zip

34222

Country

US

5. Certificate of Status Desired

1

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WICKMAN, JOHN ATTY
BLALOCK, LANDERS, ET AL
802 11TH STREET WEST
BRADENTON FL 34205

no longer

Name

SCHEEL NORBERT K.H.

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

521 RANGER LANE

Longboat Key

City

Longboat Key

FL

Zip Code

34228

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

Norbert K.H. Scheel

NORBERT K.H. SCHEEL

April 24 / 2000

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 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	PD THROWER, BRIAN 6906 STONEY WALK CT BRADENTON FL 34203	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVP SCHEEL, NORBERT K H 521 RANGER LANE LONGBOAT KEY FL 34228	<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"/> 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
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

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 NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NORBERT K.H. SCHEEL

April 24 / 2000

(941)

383-8047

CR2E034 (9/99)