

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90470 036 \*\*\*150.00

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**DOCUMENT # P97000069719**

1. Entity Name

**ENERGY ONE, INC.**



Principal Place of Business

**521 RANGER LANE  
LONGBOAT KEY FL 34228  
US**

Mailing Address

**6312 U.S. HIGHWAY 301, NORTH  
~~SUITE 222~~  
ELLENTON FL 34222  
US**

2. Principal Place of Business

3. Mailing Address

**6312 U.S. HIGHWAY 301, NORTH**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**PMB 222**

City & State

City & State

**ELLENTON FL.**

Zip

Country

Zip

Country

**34222**

**US**

4. FEI Number

**65-0776759**

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

7. Name and Address of New Registered Agent

**LUKONICH, MARY A  
4000 WINTHROP STREET  
SARASOTA FL 34232**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**STVP  
SCHEEL, NORBERT K H  
521 RANGER LANE  
LONGBOAT KEY FL 34228**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
FRASIER, STEVEN  
511 RANGER LANE  
LONGBOAT KEY FL 34228**

☒ Delete

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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:

**NORBERT SCHEEL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**April 24/2003 (941) 383-8047**

CR2E034 (10/02)