Mar 24 Secre		0 8: of S	tate
(54014	4 U	
DO NOT V	VRITE IN THIS	SPACE	
4. FEI Number 65-089	1198	_	Applied For Not Applicable
5. Certificate of Status Desire	d 🗆	\$8.75 Fee Requ	Additional
7. Name and Address of Ne	w Registered	Agent	
SEL T FPA). Box Number is Not Accepte			,
E BROWARD	BUI	Zio£	Code .
UDERDALE		- 3°	530
agent, or both, in the State of	Florida.	17/0	00
10. Election Campaigr Trust Fund Contrib			5.00 May Be

	Signature, types of the hour flatte of registered again and							
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! After MAY 1, 2000 Make Check Payable		50.00 of State	10. Election Cam Trust Fund Co	ontribution.	☐ Adde	00 May Be ed to Fees
11.	OFFICERS AND DIF	RECTORS	12.		DITIONS/CHANGES	TO OFFICERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASTRO, PEDRO A 3564 SANCTUARY DRIVE CORAL SPRINGS FL 33065	Delete	TITLE P/D NAME STREET ADDRESS CITY-ST-ZIP	ANGE 1492	EL T. FR E. Brow/ NDERD/	ANCO HRD BO HE FI	メChange クロレビ <i>ベト</i> - 333	Addition APP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GREENE, RICHARD P 3504 MAHOGANY DRIVE CORAL SPRINGS FL 33065	Delete	NAME STREET ADDRESS CITY-ST-ZIP	MARY	HELEN E. Broi Auderd	PRAN NARO	CO Change BOUVEN	Addition
NAME STREET ADDRESS CITY-ST-ZIP	OTIVE OF FRIENDS VE DOGGE	Delete	NAME STREET ADDRESS CITY-ST-ZIP					- Addition
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13. I hereby certify that the information supplied with this filling 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:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3564 SANCTUARY DR.

3. Mailing Address

1492 E

City & State

3330

8. The above named entity submits this statement for the purpose of changing its registered office or registered

.6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

CORAL SPRINGS FL 33065-6049

BROWARD BLYD

Name

ANG

Street Address (P.0

DOCUMENT # P99000009268

ENERGY ENTERPRISES COOPER CITY, INC.

1. Entity Name

Principal Place of Business

CORAL SPRINGS FL 33065

Suite, Apt. #, etc.

City & State

2. Principal Place of Business

10050 Stirling

STROCK, BARTON S

HOLLYWOOD FL 33024

6600 TAFT STREET SUITE 420

3564 SANCTUARY DR.