

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018002

1. Entity Name

SOUTHERN ENERGY ANALYSIS, INC.

FILED

Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90077 006 ***150.00

Principal Place of Business

2121 OAKES BLVD.
NAPLES FL 34119

Mailing Address

2121 OAKES BLVD.
NAPLES FL 34119

2. Principal Place of Business

602 Lambton Ln

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Zip

34104

Country

Collier

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUNTER, ANN
2121 OAKES BLVD.
NAPLES FL 34119

David Schreckengast
602 Lambton Ln
Naples, FL 34104

Name

David Schreckengast

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

602 Lambton Ln

City

Naples, FL

FL

Zip Code

34104

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.

(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, 2001 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
D
HUNTER, ANN
2121 OAKES BLVD.
NAPLES FL 34119

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
David Schreckengast
602 Lambton Ln
Naples, FL 34104

☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP
☐ Change ☐ 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)