

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90075 040 ***150.00

619161

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P9900036020**
 1. Entity Name **Low Energy Dept Corp.**
d/b/a DYNAMIC ENERGY DEPT

Principal Place of Business **SAME**
 Mailing Address **7350 S. TAMiami TRAIL #117 SARASOTA**

2. Principal Place of Business Suite, Apt. #, etc. **SAME AS ABOVE**
 City & State **SARASOTA**
 Zip **34231** Country **USA**

4. FEI Number **65-0913579**
 Applied For ☐ Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LAURIE LETZO
2135 LUSITANIA DR.
SARASOTA, FL 34231

7. Name and Address of New Registered Agent
 Name **Low Energy Dept Corp.**
 Street Address (P.O. Box Number is Not Acceptable) **7350 S. TAMiami TRAIL**
 Suite **#117**
 City **SARASOTA** FL **34231**

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 **Laurie Letzo** (NOTE: Registered Agent signature required when reinstating)
 DATE **2/19/00**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT LAURIE LETZO 2135 LUSITANIA DR. SARASOTA, FL 34231	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
VICE-PRESIDENT RICK LETZO 2135 LUSITANIA DR. SARASOTA, FL 34231	
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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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: **Laurie Letzo President** **2/19/00** **(941) 927-6295**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)