

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094980

1. Entity Name

AMERICAN ENERGY EFFICIENT HOMES & INVESTMENTS, I

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90194 014 \*\*\*150.00

Principal Place of Business	Mailing Address
1222 SE 47TH STREET #102 CAPE CORAL FL 33904	1222 SE 47TH STREET #102 CAPE CORAL FL 33904-9602

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0962336</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ONZO, JUDE G  
1222 SE 47TH STREET #102  
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_ (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	PD	TITLE	
NAME	ONZO, JUDE G	NAME	
STREET ADDRESS	1222 SE 47TH STREET #102	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	CITY-ST-ZIP	
TITLE	VSTD	TITLE	
NAME	SCHMIDT, DONALD M	NAME	
STREET ADDRESS	5224 KENILWORTH DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33919	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 or other like empowered.

SIGNATURE: *[Signature]* President

4-25-00 941-549-8811

Date Daytime Phone #

CR2E034 (9/99)