

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90096 046 \*\*\*150.00

**DOCUMENT # S12211**

1. Entity Name  
**ENERGY PARTNERS, INC.**

Principal Place of Business  
**1501 NORTHPOINT PKWY  
 #102  
 WEST PALM BEACH FL 33407**

Mailing Address  
**1501 NORTHPOINT PKWY  
 #102  
 WEST PALM BEACH FL 33407**

2. Principal Place of Business  
**4521 PGA Blvd.**

3. Mailing Address  
**4521 PGA Blvd.**

Suite, Apt. #, etc.  
**Box 337**

Suite, Apt. #, etc.  
**Box 337**

City & State  
**Palm Beach Gardens, FL**

City & State  
**Palm Beach Gardens, FL**

4. FEI Number  
**65-0227885**

Applied For  
 Not Applicable

Zip  
**33418**

Country

Zip  
**33418**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**WARD, PHILIP H III  
 4420 BEACON CIRCLE # 100  
 WEST PALM BCH FL 33407**

## 7. Name and Address of New Registered Agent

Name  
**Scott T. Rhine, CPA**

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

**399 NW Boca Raton Boulevard**

City  
**Boca Raton**

**FL**

Zip Code  
**33432**

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

(NOTE: Registered Agent signature required when reinstating)

DATE 2/6/02

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, 2002 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  
**D** ☐ Delete  
 NAME  
**PERRY, JOHN H JR**  
 STREET ADDRESS  
**1501 NORTHPOINT PKWY 102**  
 CITY-ST-ZIP  
**WEST PALM BEACH FL**

TITLE  
**D** ☐ Delete  
 NAME  
**PERRY, J. HELENA**  
 STREET ADDRESS  
**1501 NORTHPOINT PKWY 102**  
 CITY-ST-ZIP  
**WEST PALM BEACH FL**

TITLE  
**D** ☒ Delete  
 NAME  
**PHILIP, WARD H III**  
 STREET ADDRESS  
**4420 BEACON CIRCLE # 100**  
 CITY-ST-ZIP  
**WEST PALM BEACH FL 33407**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**4521 PGA Blvd., Box 337  
 Palm Beach Gardens, FL 33418**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**4521 PGA Blvd., Box 337  
 Palm Beach Gardens, FL 33418**

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 all other like empowered.

SIGNATURE: John H. Perry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 18 1 2002

CR2E034 (9/01)