FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 09, 2001 8:00 am **DOCUMENT # V26125 Secretary of State** ENERGY INDUSTRIES OF FLORIDA, INC. 02-09-2001 90225 009 ***150.00 Principal Place of Business Mailing Address 4410 N. STATE ROAD 7 PO BOX 9874 BLDG. J-111 FT LAUDERDALE FL 33310 FT LAUDERDALE FL 33319 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0326789 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TRICK, WILLIOM W WATSON, WILLIAM T JR. Street Address (P.O. Box Number is Not Acceptable) 1216 E. ATLANTIC BLVD 1216 E. ATLANTIC BIVE STE 7 POMPANO BEACH FL 33060 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. pel, D. Steven, Blog J. Suite III Delete TITI F TITLE BANIA, MADELEINE NAME NAME STREET ADDRESS STREET ADDRESS 4410 N. STATE RD. #7 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL underdule fu TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete 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 all other lik

SIGNATURE: