



Control Number: 49779



Item Number: 404

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ELECTRICITY BROKER REGISTRATION FORM

RECEIVED
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 PUBLIC UTILITY COMMISSION
 FILING CLERK

PROJECT NO. 49779

1. Check the most appropriate box to describe this submission:	
<input checked="" type="checkbox"/> This is a new broker registration <input type="checkbox"/> This supplies information for a pending broker registration <input type="checkbox"/> This amends an existing, completed broker registration	
Provide an explanation of the amendment: <hr/>	
2. Authorized Representative or Attorney to contact about this application:	
Name JOHN W. ESKRIDGE	Title OWNER
Business Address 4518 LAKEPOINTE AVE	
City ROWLETT	State TX Zip 75088
Telephone Number 214-607-0930	
Email Address BUTCHESK@VERIZON.NET	
3. Registering Entity: List the registering entity's legal name, business address, and telephone number.	
Name JOHN W. ESKRIDGE	
Business address 4518 LAKEPOINTE AVE	
City ROWLETT	State TX Zip 75088
Telephone Number 214-607-0930	
4. Type of organization of registering entity:	
<input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Other <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company, L.L.C <input type="checkbox"/> Limited Partnership	

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5. Description of the brokerage services provided by the registering entity and type of customers served.

Description of Services:

PRICING FOR ELECTRICITY USAGE THRU RETAIL ELECTRIC PROVIDER

Types of Customers: *Check all that apply*

- Residential
 Industrial
 Other
 Commercial
 Municipalities

6. Other Names. List any trade, commercial, and doing-business-as (d/b/a) names, other than the legal name listed in #3 above, under which the registering entity intends to operate. Any name in which a corporation intends to operate must be registered with the Secretary of State.

1 st		2 nd
3 rd	4 th	5 th

7. Officers. Provide, as Attachment A, the names, business addresses, email addresses, and phone numbers of the registering entity's officers, directors, and partners, as applicable.

Attachment A

8. Customer Service Contact. List the telephone number and email address of the customer service department. If the registering entity does not have a dedicated customer service department, then provide the name, title, address, email address, and telephone number of the customer service contact person.

Customer Service Department	Telephone Number 214-607-0930	Email Address BUTCHESK@VERIZON.NET
Name JOHN ESKRIDGE		Title OWNER
Business address 4518 LAKEPOINTE AVE		
City ROWLETT	State TX	Zip 75088
Telephone Number 214-607-0930		
Email Address BUTCHESK@VERIZON.NET		

9. Regulatory contact person. List the name, physical business address, telephone number, and email address for a regulatory contact person.

Name JOHN ESKRIDGE		Title OWNER
Business address 4518 LAKEPOINTE AVE		
City ROWLETT	State TX	Zip 75088
Telephone Number 214-607-0930		
Email Address BUTCHESK@VERIZON.NET		

10. Secretary of State Record. Entities who must register with the Secretary of State must provide a copy of the certificate of status issued by the Texas Secretary of State certifying that the registering entity is authorized to transact business in Texas.

Copy of Secretary of State certificate of status is attached.

AFFIDAVIT

My name is JOHN W. Eskridge I am the sole proprietor of the Registering Entity.

I swear or affirm that I have personal knowledge of the facts stated in the attached registration, that I am competent to testify to them, and that I have the authority to submit this application form on behalf of the registering entity. I further swear or affirm that all statements made in the Registration Form are true, correct and complete and that any substantial changes in such information will be provided to the Public Utility Commission of Texas in a timely manner. I swear or affirm that the registering entity understands and will comply with all requirements of the applicable law and rules, including customer protection provisions, disclosure requirements, and marketing guidelines for retail electric service.

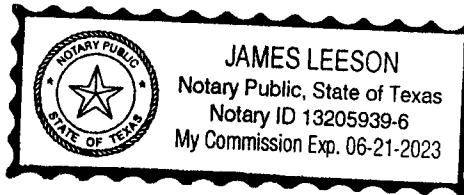
John W. Eskridge
Signature of Registering Entity's Owner, Partner, or Officer

JOHN W. Eskridge
Printed Name

JOHN W. Eskridge
Name of Registering Entity

Sworn and subscribed before me this 14th day of August, 2019.
Month Year

[Signature]
Notary Public in and For the State of Texas.
My commission expires on 06/21/2023.





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SHELLI MILLER, COUNTY CLERK
ROCKWALL COUNTY, TEXAS
1111 E. YELLOWJACKET LANE, SUITE 100
ROCKWALL, TEXAS 75087

ASSUMED NAME RECORD (D.B.A.)

CERTIFICATE OF OWNERSHIP FOR UNINCORPORATED BUSINESS OR PROFESSIONAL SERVICE

NAME OF BUSINESS: JOHN W. ESKRIDGE
PRINCIPAL OFFICE: 4518 LAKEPOINTE AVE
CITY: ROWLETT STATE: TX ZIP CODE: 75088 PHONE: 214-607-0930

PERIOD (not to exceed 10 years) DURING WHICH ASSUMED NAME WILL BE USED: 10 YEARS
Pursuant to Title 5, § 71.151(a) of the Texas Business and Commerce Code, Certificates of Ownership are valid for a period not to exceed 10 years during which the assumed name will be used.

BUSINESS IS TO BE CONDUCTED AS (Check One): [X] Sole Proprietorship [] General Partnership
[] Other (Name Type)

CERTIFICATE OF OWNERSHIP

I/WE, THE UNDERSIGNED, ARE THE OWNER(S) OF THE ABOVE BUSINESS AND MY/OUR NAME(S) AND ADDRESS(ES) GIVEN IS/ARE TRUE AND CORRECT. THERE IS NO OWNERSHIP(S) IN SAID BUSINESS OTHER THAN THOSE LISTED HEREIN BELOW.

NAME: JOHN W. ESKRIDGE SIGNATURE: [Signature]
ADDRESS: 4518 LAKEPOINTE AVE ZIP: 75088

NAME: SIGNATURE:

ADDRESS: ZIP:

NAME: SIGNATURE:

ADDRESS: ZIP:

NAME: SIGNATURE:

ADDRESS: ZIP:

THE STATE OF TEXAS }
COUNTY OF ROCKWALL }

BEFORE ME, THE UNDERSIGNED AUTHORITY, on this day personally appeared

JOHN WALLACE II ESKRIDGE

known to me to be the person(s) whose name(s) is/are subscribed to the foregoing instrument and acknowledged to me that they are the owner(s) of the above-named business and that they signed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL, on this the 14 day of AUGUST, 2019.

SHELLI MILLER, COUNTY CLERK
COUNTY CLERK
ROCKWALL COUNTY, TEXAS
[Signature]
Deputy Clerk
Public in and for the State of Texas

For Information Purposes Only:

ASSUMED NAME CERTIFICATE:

- ❖ This form is not suitable for corporations
- ❖ You are responsible for researching the desired name availability prior to filing
 - This office is not liable for duplication of assumed names
- ❖ Fee for filing is \$24.00 and .50 for each owner(s) name.
 - Copies of this document are available for \$1.00 per page plus a \$5.00 fee for a certified copy.

HELPFUL PHONE NUMBERS AND WEBSITES:

- ❖ State Comptroller of Public Accounts
 - LBJ Building 512-463-4600
111 E 17th Street or
www.window.state.tx.us
PO Box 13528 800-252-5555
Austin, Texas 78711
 - Dallas (LOCAL) 972-671-7166
9221 LBJ Freeway
Suite 100
or
7222 S Westmoreland 972-709-4357
- ❖ Secretary of State 512-463-5770
www.sos.state.tx.us
- ❖ Internal Revenue Service 800-829-1040 www.irs.gov
- ❖ Texas Workforce Commission 512-463-2222
www.twc.state.tx.us

City Numbers:

- ❖ Rockwall: 972-771-7700
- ❖ Heath: 972-771-6228
- ❖ Rowlett: 972-412-6100
- ❖ McLendon Chisholm: 972-524-2077
- ❖ Fate: 972-771-4601

Filed and Recorded
Official Public Records
Shelli Miller, County Clerk
Rockwall County, Texas
08/14/2019 01:37:35 PM
\$24.50
20190200000643

