

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90027 012 ****61.25

DOCUMENT # F94000001862

1. Entity Name

ASSOCIATION OF ENERGY SERVICES PROFESSIONALS, IN

Principal Place of Business

Mailing Address

SUITE #261
 7491 N. FEDERAL HWY.. #C5
 BOCA RATON FL 33487

SUITE #261
 7491 N. FEDERAL HWY.. #C5
 BOCA RATON FL 33487-1658



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5549 COASTAL DR.
 Suite, Apt. #, etc.

7491 N. FEDERAL HWY, #5
 Suite, Apt. #, etc.
PMB 261

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number
33-0369768

Applied For
 Not Applicable

Zip Country
33487 PALM BEACH

Zip Country
33487 PALM BEACH

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOARDMAN, ELLIOT B
5549 COASTAL DRIVE
BOCA RATON FL 33487

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 _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Delete
NAME	BROWN, MARION	
STREET ADDRESS	2131 WALNUT GROVE AVE, 3RD FLOOR	
CITY-ST-ZIP	ROSEMEAD CA 91770	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BRANDON, JERRY	
STREET ADDRESS	911 MAIN ST; SUITE 3000	
CITY-ST-ZIP	KANSAS CITY MO.	
TITLE	T	<input type="checkbox"/> Delete
NAME	BURBANK, DON	
STREET ADDRESS	24 PRIME PKWY.	
CITY-ST-ZIP	NATICK MA 01760	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOARDMAN, ELLIOT B	
STREET ADDRESS	5549 COASTAL DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Elliot B. Boardman** **RE: ELLIOT B. BOARDMAN** 4/26/00 (561) 982-9923
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #