

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90456 043 ****61.25

CC 335

DOCUMENT # F94000001862

1. Entity Name

ASSOCIATION OF ENERGY SERVICES PROFESSIONALS, IN

Principal Place of Business

Mailing Address

5549 COASTAL DR.
BOCA RATON FL 33487

5549 COASTAL DR.
BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

6746 FINAMORE CIRCLE

6746 FINAMORE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

4. FEI Number

33-0369768

Applied For

Not Applicable

Zip

Country

33467

PAUM BEACH

Zip

Country

33467

PAUM 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 **BOARDMAN, ELLIOT**

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

6746 FINAMORE CIRCLE

City

LAKE WORTH

FL

Zip Code

33467

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

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

(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 NAME **V BROWN, MARION** Delete
STREET ADDRESS **2131 WALNUT GROVE AVE, 3RD FLOOR**
CITY-ST-ZIP **ROSEMEAD CA 91770**

TITLE NAME **PD BROWN, MARIAN** Change Addition
STREET ADDRESS **2131 WALNUT GROVE AVE., 3RD FLOOR**
CITY-ST-ZIP **ROSEMEAD, CA 91770**

TITLE NAME **PD BRANDON, JERRY** Delete
STREET ADDRESS **911 MAIN ST, SUITE 3000**
CITY-ST-ZIP **KANSAS CITY MO**

TITLE NAME **VD MATT, MEG** Change Addition
STREET ADDRESS **14402 S. 22ND ST.**
CITY-ST-ZIP **PHOENIX, AZ 85048**

TITLE NAME **T BURBANK, DON** Delete
STREET ADDRESS **24 PRIME PKWY.**
CITY-ST-ZIP **NATICK MA 01760**

TITLE NAME **TD FEY, JAKE** Change Addition
STREET ADDRESS **3628 S. 35th St.**
CITY-ST-ZIP **TACOMA, WA 98409**

TITLE NAME **D BOARDMAN, ELLIOT B** Delete
STREET ADDRESS **5549 COASTAL DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE NAME **M BOARDMAN, ELLIOT B** Change Addition
STREET ADDRESS **6746 FINAMORE CIRCLE**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
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 Boardman*

ELLIOT BOARDMAN

4/26/01

561/432-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)