## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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1. Entity Name



TITLE   PD     Delete   IRIBE, P. CHRISMAN     Delete   STREET ADDRESS   TOO OLD GEORGETOWN ROAD   STREET ADDRESS   TOO OLD GEORGETOWN ROAD   STREET ADDRESS   TOO OLD GEORGETOWN ROAD   TITLE   Delete   SLEPIAN, ALAN E   TOO OLD GEORGETOWN RD., 13TH FLOOR   TITLE   Delete   TI	INDIANTOWN COGENERATION FUNDING CORPORATION					03 FEB 20				
Suite. Apt. F. etc.   Suite. Apt. F. etc.   City & State   City & City & State   City & City & State   City & Ci	7500 OLD GEORGETOWN RD 13TH FLOOR 7500 OLD GEORGETOWN I			rgetown Rd., 1	3TH FLOOR					14 11 <b>50</b> 1 1 <b>0</b> 14 1 <b>50</b> 1
City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Country  Special Address of Current Registered Agent  Name  CORPORATION SERVICE COMPANY  1201 HAVS STREET  TALLAHASSEE FL 32301  City  City  City  FL  Zip Cone  B. 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. I am familiar with, and accept the obligations of registered agent.  Signature  Sig	Principal Place of Business     3. Mailing Address									
City & State  City & State  City & State  City & State  Country  C	Suite, Apt. #, etc. Suite, Apt. #, etc.			etc.			☐ CHECK HEDE	IE MAKING	CHANCE	2
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CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Familiar with, and accept the obligations of registered agent.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  MIDE. P. CHRISMAN  INTER AURIES  7500 OLD GEORGETOWN ROAD  SIRET AURIES  SEPRAN, ALAN E  SEPRAN	Zip	Zip Country Zip		Cou	Country			1071		
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TALLAHASSEE FL 32301  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. It am familiar with, and accept the chilipations of registered agent.  SIGNATURE  Signature, types or printed name of impationed agent and title if expectation.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  BIBE, P. CHRISMAN  ITILE  NAME  IRIBE, P. CHRISMAN  IRIBE P. CHR					Street A	ddress (P.	O. Box Number is Not Acceptable	)	~ <del>~~~</del>	
B. 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. Tam familiar with, and accept the obligations of registered agent.    FILE NOW!!! FEE IS \$150.00							-			
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Signature. Your or printed varied it expected agent and title 8 expectation.  FILE NOW!!! FEE IS \$15.000 After May 1, 2003 Fee will be \$55.0.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME PD IRIBE, P. CHRISMAN 7500 OLD GEORGETOWN ROAD SITERFADDRESS SITERFADDRESS STORE ADDRESS STO	the obligat	tions of registered agent.								
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. MARK T. EARON

**SIGNATURE:**