

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 17, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000089884**

1. Entity Name  
**FPL ENERGY SERVICES II, INC.**

|   |    |   |    |
|---|----|---|----|
| Principal Place of Business<br>700 UNIVERSE BOULEVARD<br>ATTN: DENNIS P. COYLE<br>JUNO BEACH<br>33408 | FL | Mailing Address<br>700 UNIVERSE BLVD<br>ATTN: DENNIS P COYLE<br>JUNO BEACH<br>33408 | FL |
|---|----|---|----|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

4. FEI Number  
**65-0716600**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LEON J.E.**  
**9250 WEST FLAGLER STREET**

**MIAMI FL**  
**33174**

7. Name and Address of New Registered Agent

Name  
**LEON J.E.**

Street Address (P.O. Box Number is Not Acceptable)  
**9250 WEST FLAGLER STREET**

City  
**MIAMI FL**

Zip Code  
**33174**

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 \_\_\_\_\_ DATE **03/17/2000**

Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

| 11. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>COYLE DENNIS P<br>700 UNIVERSE BLVD<br>JUNO BCH FL <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>SAMIL DILEK<br>700 UNIVERSE BLVD<br>JUNO BCH FL <input checked="" type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>YACKIRA MICHAEL W<br>700 UNIVERSE BLVD<br>JUNO BCH FL <input type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HAMILTON WILLIAM W<br>9250 W FLAGLER ST<br>MIAMI FL <input type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>EVANSON PAUL J<br>700 UNIVERSE BLVD<br>JUNO BCH FL <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>LASETER LARRY J<br>700 UNIVERSE BLVD<br>JUNO BCH FL <input type="checkbox"/> Delete          |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S<br>COYLE DENNIS PS<br>700 UNIVERSE BLVD<br>JUNO BCH FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | TAS<br>MCGRATH ROBERT LTAS<br>700 UNIVERSE BLVD<br>JUNO BEACH FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>EVANSON PAUL JD<br>700 UNIVERSE BLVD<br>JUNO BCH FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DP<br>HAMILTON WILLIAM WDP<br>9250 WEST FLAGLER STREET<br>MIAMI FL 33174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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 like empowered.

SIGNATURE: DENNIS P. COYLE

03/17/2000