

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 26, 2001 08:00 AM
Secretary of State

DOCUMENT # P96000089884

1. Entity Name
FPL ENERGY SERVICES II, INC.

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

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

4. FEI Number
65-0716600
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
LEON J.E.
9250 WEST FLAGLER STREET
MIAMI FL 33174 US

7. Name and Address of New Registered Agent
 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 _____ DATE **03/26/2001**
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, 2001 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 | S | <input type="checkbox"/> Delete | |
| NAME | COYLE DENNIS PS | | |
| STREET ADDRESS | 700 UNIVERSE BLVD | | |
| CITY-ST-ZIP | JUNO BCH FL 33408 | | |
| TITLE | TAS | <input type="checkbox"/> Delete | |
| NAME | MCGRATH ROBERT LTAS | | |
| STREET ADDRESS | 700 UNIVERSE BLVD | | |
| CITY-ST-ZIP | JUNO BEACH FL 33408 | | |
| TITLE | D | <input type="checkbox"/> Delete | |
| NAME | EVANSON PAUL JD | | |
| STREET ADDRESS | 700 UNIVERSE BLVD | | |
| CITY-ST-ZIP | JUNO BCH FL 33408 | | |
| TITLE | DP | <input type="checkbox"/> Delete | |
| NAME | HAMILTON WILLIAM WDP | | |
| STREET ADDRESS | 9250 WEST FLAGLER STREET | | |
| CITY-ST-ZIP | MIAMI FL 33174 | | |
| TITLE | | <input type="checkbox"/> Delete | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|-------------------------------------------------------|--|---------------------------------|-----------------------------------|
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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 **S** **03/26/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)