

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # 434845**1. Entity Name
FPL INVESTMENTS INC.

Principal Place of Business

700 UNIVERSE BLVD

JUNO BEACH

33408

FL

US

Mailing Address

700 UNIVERSE BLVD.

ATTN: DENNIS P. COYLE

JUNO BEACH

33408

FL

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1519304

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 ST.

MIAMI

33174

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

03/28/2001

DATE

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 | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | TANCER EDWARD FAS | |
| STREET ADDRESS | 700 UNIVERSE BLVD | |
| CITY-ST-ZIP | JUNO BEACH FL 33408 | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | COSTANTINO RITA WAS | |
| STREET ADDRESS | 700 UNIVERSE BLVD | |
| CITY-ST-ZIP | JUNO BEACH FL 33408 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | COYLE DENNIS P | |
| STREET ADDRESS | 700 UNIVERSE BLVD. | |
| CITY-ST-ZIP | JUNO BCH FL 33408 | |
| TITLE | DTC | <input type="checkbox"/> Delete |
| NAME | SAMIL DILEK LDTC | |
| STREET ADDRESS | 700 UNIVERSE BLVD | |
| CITY-ST-ZIP | JUNO BCH FL 33408 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------|--|
| TITLE | DV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LEIGHTON MICHAEL LDV | |
| STREET ADDRESS | 700 UNIVERSE BOULEVARD | |
| CITY-ST-ZIP | JUNO BEACH FL 33408 | |
| TITLE | DP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HAY LEWIS III DP | |
| STREET ADDRESS | 700 UNIVERSE BOULEVARD | |
| CITY-ST-ZIP | JUNO BEACH FL 33408 | |
| 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 | DTC | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCGRATH ROBERT LDTC | |
| STREET ADDRESS | 700 UNIVERSE BLVD | |
| CITY-ST-ZIP | JUNO BCH FL 33408 | |

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****03/28/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)