2000 UNIFORM BUSINESS REPORT (UBR)

May 01, 2000 8:00 am Secretary of State **DOCUMENT # 641081** ABUNDANT ENERGY SOURCES, INC. 05-01-2000 90549 024 ***150.00 Mailing Address Principal Place of Business 14248 NW 7TH AVE 14248 NW 7TH AVE $\mathbf{x} \cup \mathbf{v} \cup \mathbf{v}$ MIAMI FL 33168-6813 MIAMI FL 33168 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2133460 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7: Name and Address of New Registered Agent ---- 6. Name and Address of Current Registered Agent Name HILL VIRGINIA Street Address (P.O. Box Number is Not Acceptable) 2643 ALCAZAR DR MIRAMAR FL 33023 Zip Code City FI 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE HILL, JILES E. NAME NAME 2643 ALCAZAR DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33023 CITY-ST-7IP STD ☐ Delete ☐ Change ☐ Addition TITLE TITLE HILL, VIRGINIA NAME NAME 2643 ALCAZAR DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33023 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

SIGNATURE:

SIGNATURE AND TAPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

4/13/00

FILED

Daytime Phone #