

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 641081

1. Entity Name

ABUNDANT ENERGY SOURCES, INC.

FILED

Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90032 022 ***150.00

Principal Place of Business

~~14248 NW 7TH AVE~~
~~MIAMI FL 33168~~

Mailing Address

14248 NW 7TH AVE
MIAMI FL 33168

2. Principal Place of Business

7705 DAVIE Rd. Ext.

3. Mailing Address

1112 Brotherton Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Dandridge TN

Zip

33024

Country

BROWARD

Zip

37725

Country

USA

4. FEI Number

59-2133460

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~HILL, VIRGINIA~~
~~2643 ALCAZAR DR~~
~~MIRAMAR FL 33023~~

7. Name and Address of New Registered Agent

Name Dorothy ROMANE

Street Address (P.O. Box Number is Not Acceptable)

7705 DAVIE Rd. EXTENSION

City

Hollywood

FL

Zip Code

33024

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)

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	PD	<input checked="" type="checkbox"/> Delete
NAME	HILL, JILES E.	
STREET ADDRESS	2643 ALCAZAR DR	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HILL, VIRGINIA	
STREET ADDRESS	2643 ALCAZAR DR	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, JILES E.	
STREET ADDRESS	1112 Brotherton Rd.	
CITY-ST-ZIP	Dandridge, TN. 37725	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, VIRGINIA	
STREET ADDRESS	1112 Brotherton Rd.	
CITY-ST-ZIP	Dandridge, TN. 37725	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

Date

865-471-5243

Daytime Phone #

CR2E034 (10/00)