

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 739311****1. Entity Name**  
**FLORIDA SOLAR ENERGY INDUSTRIES ASSOCIATION, INC.****Principal Place of Business**  
145 WEKIVA SPRINGS RD  
STE 149B  
LONGWOOD FL 32779  
US**Mailing Address**  
145 WEKIVA SPRINGS RD  
STE 149B  
LONGWOOD FL 32779  
US**2. Principal Place of Business**  
145 WEKIVA SPRINGS RD**3. Mailing Address**  
145 WEKIVA SPRINGS RD**Suite, Apt. #, etc.**  
STE 187**Suite, Apt. #, etc.**  
STE 187**City & State**  
LONGWOOD FL**City & State**  
LONGWOOD FL**Zip**  
32779  
**Country**  
US**Zip**  
32779  
**Country**  
US**4. FEI Number**  
**59-2022792****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****KETTLES COLLEEN**  
145 WEKIVA SPRINGS RD  
STE 149B  
LONGWOOD FL 32779  
US**7. Name and Address of New Registered Agent****Name**  
**KETTLES COLLEEN**  
**Street Address (P.O. Box Number is Not Acceptable)**  
145 WEKIVA SPRINGS RD  
**STE 187**  
**City**  
LONGWOOD **FL** **Zip Code**  
32779**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 COLLEEN KETTLES****04/24/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:**  
**FEE IS \$61.25****9. Election Campaign Financing**  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State****10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
DVP	DENAPOLI PETER	6909 SW 18TH STREET STE A-301-B	BOCA RATON FL 33487	<input type="checkbox"/> Delete
D	KETTLES COLLEEN	145 WEKIVA SPRINGS RD 149B	LONGWOOD FL 32779	<input type="checkbox"/> Delete
DVP	MILLAR TROY	1080 RAINER DR	ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Delete
DVP	WALLACE WAYNE	13620 N 49 ST	CLEARWATER FL 34622	<input type="checkbox"/> Delete
DP	GRIFF CARRISON	1695 12TH STREET	SARASOTA FL 34236	<input type="checkbox"/> Delete
D	EYAL VICTOR	927 FERN STREET, SUITE 200	ALTAMONTE SPRINGS FL	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
MD	KETTLES COLLEEN	145 WEKIVA SPRINGS RD 149B	LONGWOOD FL 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DS	LIPPY BILL	501 E LEMON ST	LAKELAND FL 33801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DT	LANE TOM	6120 SW 13TH STREET	GAINESVILLE FL 32608	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:**

Colleen Kettles

MD

04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)