

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004241

1. Entity Name

U.S. ENERGY SYSTEMS, INC. (DELAWARE)

FILED
Aug 06, 2001 8:00 am
Secretary of State

08-06-2001 90004 027 ***550.00

0321696

Principal Place of Business 515 N. FLAGLER DRIVE SUITE 702 WEST PALM BEACH FL 33401 US	Mailing Address 515 N. FLAGLER DRIVE SUITE 702 WEST PALM BEACH FL 33401 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1340 N. US Hwy 1 Suite 102 Jupiter FL 33469
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1216347	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SZYSZKO, DAVID W 515 NORTH FLAGLER DRIVE #702 WEST PALM BEACH FL 33401	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1340 N. US Hwy 1 Ste 102 City Jupiter FL Zip Code 33469	

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHNEIDER, LAWRENCE I 515 NO FLAGLER DRIVE #702 WEST PALM BEACH FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Schneider Lawrence I One N. Lexington Avenue Ste 102 White Plains NY 10601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROSEN, THEODORE 55 E. 87TH ST. NEW YORK NY <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Benson, Robert 3470 N. Lake Shore Dr. 6A Chicago IL 60657 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BEDER, SEYMOUR 515 N FLAGLER DRIVE #702 WEST PALM BEACH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHMAN, ALLEN J 1345 AVENUE OF THE AMERICA NEW YORK NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOGEL, ASHER E 116 E 30TH STREET NEW YORK NY 10016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, EVAN 331 OLD TOLL ROAD MADISON CT <input type="checkbox"/> Delete	TITLE 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

Daniel Szyszkowski 7/17/01 561 748-2088

CR2E034 (10/00)