

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90104 017 \*\*\*150.00

**DOCUMENT # F97000000894**

1. Entity Name

CLEAN ENERGY TECHNOLOGIES, INC.

Principal Place of Business

2074 20TH STREET  
 SARASOTA, FL 34234

Mailing Address

2074 20TH STREET  
 SARASOTA, FL 34234

2. Principal Place of Business

2033 WOOD STREET

3. Mailing Address

2033 WOOD STREET

Suite, Apt. #, etc.

SUITE 120

Suite, Apt. #, etc.

SUITE 120

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

75-2615530

Applied For

Not Applicable

Zip  
 34237

Country  
 USA

Zip  
 34237

Country  
 USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name BUSTARD, R. DAVID

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

200 SOUTH ORANGE AVENUE

City SARASOTA

FL

Zip Code 34236

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

3/7/00

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, 2000 Fee will be \$350.00**  
**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	D	<input checked="" type="checkbox"/> Delete
NAME	REDING, JAMES W	
STREET ADDRESS	2074 20TH STREET	
CITY - ST - ZIP	SARASOTA FL	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	REDING, ROBERT	
STREET ADDRESS	2074 20TH STREET	
CITY - ST - ZIP	SARASOTA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GENIS, JOHN S. ST.	
STREET ADDRESS	2074 20TH STREET	
CITY - ST - ZIP	SARASOTA FL	
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		<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	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST. GENIS, JOHN S.	
STREET ADDRESS	2033 WOOD STREET	
CITY - ST - ZIP	SARASOTA FL 34237	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William K. Flynn	
STREET ADDRESS	320 Park Avenue 23rd Floor	
CITY - ST - ZIP	New York, NY 10022	
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

Date

941-951-2384

Daytime Phone #

CR2E034 (9/99)