

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90160 025 ***150.00

DOCUMENT # F98000005004

1. Entity Name

ALTERNATIVE ELECTRICAL SERVICES, INC.

Principal Place of Business

Mailing Address

**6210 B SHEPHERDSVILLE RD
 LOUISVILLE KY 40228
 US**

**P.O. BOX 35367
 LOUISVILLE KY 40232-5367**

00047126



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7012 TRADEPORT DRIVE

P.O. BOX 58479

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LOUISVILLE KY

LOUISVILLE KY

4. FEI Number **31-1551646**

Applied For

Not Applicable

Zip

Country

Zip

Country

40258

JEFFERSON

40268-0479

JEFFERSON

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SEYMOUR, KENNETH G 6210-B OLD SHEPHERDSVILLE RD. LOUISVILLE KY 40229	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SEYMOUR, KENNETH G. 5315 TAHIA DR. LOUISVILLE, KY 40216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, THOMAS R 6210-B OLD SHEPHERDSVILLE RD. LOUISVILLE KY 40229	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, THOMAS R. 4307 SILVER OAKS COURT LOUISVILLE KY 40272
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ECKENFELS, ROBERT E 6210-B OLD SHEPHERDSVILLE RD. LOUISVILLE KY 40229	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ECKENFELS, ROBERT E 815 DEATSVILLE ROAD COX'S CREEK, KY 40013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOCUM, JAMES Y 6210-B OLD SHEPHERDSVILLE RD. LOUISVILLE KY 40229	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOCUM, JAMES Y. 333 LAKE ELMO ROAD BROOKS, KY 40109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SEYMOUR, MARY 5315 TAHIA DR. LOUISVILLE KY 40216	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: Mary Seymour MARY SEYMOUR 4/26/01 (502)937-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)