

# 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

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  
**CEO**  
**SEYMOUR, KENNETH G**  
**6210-B OLD SHEPHERDSVILLE RD.**  
**LOUISVILLE KY 40229**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CEO**  
**SEYMOUR, KENNETH G.**  
**5315 TAHIA DR.**  
**LOUISVILLE, KY 40216**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P**  
**ROBERTS, THOMAS R**  
**6210-B OLD SHEPHERDSVILLE RD.**  
**LOUISVILLE KY 40229**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P**  
**ROBERTS, THOMAS R.**  
**4307 SILVER OAKS COURT**  
**LOUISVILLE KY 40272**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V**  
**ECKENFELS, ROBERT E**  
**6210-B OLD SHEPHERDSVILLE RD.**  
**LOUISVILLE KY 40229**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V**  
**ECKENFELS, ROBERT E**  
**815 DEATSVILLE ROAD**  
**COX'S CREEK, KY 40013**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V**  
**YOCUM, JAMES Y**  
**6210-B OLD SHEPHERDSVILLE RD.**  
**LOUISVILLE KY 40229**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V**  
**YOCUM, JAMES Y.**  
**333 LAKE ELMO ROAD**  
**BROOKS, KY 40109**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**ST**  
**SEYMOUR, MARY**  
**5315 TAHIA DR.**  
**LOUISVILLE KY 40216**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

(502)937-3400

Daytime Phone #

CR2E034 (10/00)