

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/22/00 09127 027 \*\*\*150.00

DOCUMENT # F99000000221

1. Entity Name

AES FUNDING CORP.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90127 027 \*\*\*150.00

Principal Place of Business Mailing Address  
6800 NORTH DALE MABRY HIGHWAY, SUITE 100 6800 NORTH DALE MABRY HIGHWAY, SUITE 100  
TAMPA FL 33614 TAMPA FL 33614-3984

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-35550595

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name  
Charles Broes  
Street Address (P.O. Box Number is Not Acceptable)  
6800 N. Dale Mabry Hwy.  
Suite 100  
City Tampa FL Zip Code 33614

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, 2000 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 CPST  
NAME MANISCALCO, ANTHONY F  
STREET ADDRESS 6800 NORTH DALE MABRY HIGHWAY, SUITE 100  
CITY-ST-ZIP TAMPA FL 33614 ☐ Delete

TITLE VC  
NAME BROES, CHARLES  
STREET ADDRESS 6800 NORTH DALE MABRY HIGHWAY, SUITE 100  
CITY-ST-ZIP TAMPA FL 33614 ☐ Delete

TITLE D  
NAME RATNER, DANIEL J  
STREET ADDRESS 6800 NORTH DALE MABRY HIGHWAY, SUITE 100  
CITY-ST-ZIP TAMPA FL 33614 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.E.O. 4/14/00 8138826307

Date

Daytime Phone #