

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**  
 05-18-2001 91688 001 \*\*\*300.00

0347586

**DOCUMENT # F99000000221**

1. Entity Name  
**AES FUNDING CORP.**

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**

**72981**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**P.O. BOX 172117**      **P.O. BOX 172117**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**TAMPA, FL**      **TAMPA, FL**  
 Zip      Zip      Country      Country  
**33672**      **33672**

4. FEI Number      Applied For  
**59-3550595**      Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BROES, CHARLES**  
**6800 N ONE MABRY HWY**  
**STE 100**  
**TAMPA FL 33614**

7. Name and Address of New Registered Agent  
 Name  
**CAREY, MICHAEL R.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**712 SOUTH OREGON AVENUE**  
 City      Zip Code  
**TAMPA**      **FL 33606**

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 **Michael R. Carey**      **MICHAEL R. CAREY**      **4/27/01**  
 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. ☐ **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	CPST MANISCALCO, ANTHONY F 6800 NORTH DALE MABRY HIGHWAY, SUITE 100 TAMPA FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MANISCALCO, ANTHONY F. 6800 N. DALE MABRY HWY, SUITE 154 TAMPA, FL 33614 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BROES, CHARLES 6800 NORTH DALE MABRY HIGHWAY, SUITE 100 TAMPA FL 33614 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASSARI, DOMENIC P.O. BOX 172117 TAMPA, FL 33672 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **DOMENIC MASSARI**      **4-27-01**      **813/258-1235**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)