2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F9900001309 **DOCUMENT #**

1. Entity Name

CORPORATE ENERGY CONSULTANTS, LTD., INC.



FILED Mar 24, 2003 8:00 am Secretary of State 03-24-2003 90635 031 ***150.00

Suite, April #, 966.	Principal Place 10333 W. 84TH LENEXA KS 662	TERRACE	Mailing A 10333 W. LENEXA	84TH TERRACE								
City & State City & State City & State Country S. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Ad	2. Principal Pla	ace of Business	3. Mailing	3. Mailing Address							ātāl ilāss liiki as	HE 1816 IDE)
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S. Certificate of Status Desired Special Search Sea	City & State		City &	City & State			4. FE	48-0933685				t Applicable
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MOWRY, SNOWDEN S 217 NASSAU STREET SOUTH VENICE FL 34285 City FL Zip Code City Cit		6. Name and Address of Curre	nt Registered	Agent			7. N	ame and Ac	dress of New	Registered	Agent .	
217 NASSAU STREET SOUTH VENICE FL 34285 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accellate the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 S. After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE NAME NAME SIRET ADDRESS CITY-ST-2P LOYD, ROBERT SIRET ADDRESS CITY-ST-2P LOYD, ROBERT TITLE NAME SIRET ADDRESS CITY-ST-2P Change Add Add Add Add Add Add Add A						lame			1			
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if application. (NOTE Registered Agent Bignature required when necessaring) DATE	VENICE FL	34200			-	City		<u>-</u>		FI	Zip Code	9
SIGNATURE Signature typed or printed name of registered agent and site it applicative. (NOTE Registered Agent signature modeled when rentation) FILE NOW!!! FEE IS \$150.00 \$ After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS IN 11 TITLE MAME MAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P LOYD, ROBERT STREET ADDRESS CITY-ST-2P TITLE NAME STREE						•						and accept
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I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. Flutther 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 10 or Block 11 if changed, or on an attachment with an access with all other like empowered.

SIGNATURE: