

# 2002 UNIFORM BUSINESS REPORT (UBR)

0011461

DOCUMENT # L01000010407

1. Entity Name

NEW ENERGY TECHNOLOGIES LLC

Principal Place of Business

5127 WEST HANNA AVE.  
TAMPA FL 33634

Mailing Address

5127 WEST HANNA AVE.  
TAMPA FL 33634

2. Principal Place of Business

5127 W. HANNA AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa, FL.

City & State

Zip

33634

Country

Zip

Country

4. FEI Number

59-3746328

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORRISON, KENNETH  
7112 PAT BLVD.  
TAMPA FL 33615

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Kenneth E. Morrison*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By September 25, 2002

\$ 200.00

Re-Enstatement.

9. MANAGING MEMBERS/MANAGERS

TITLE *mgr*  
NAME *Kenneth E. Morrison*  
STREET ADDRESS *5127 W. Hanna Ave.*  
CITY-ST-ZIP *Tampa FL 33634*

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME *M. Morrison gave*  
STREET ADDRESS *authorization to had*  
CITY-ST-ZIP *mgr information.*

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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CITY-ST-ZIP

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☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Kenneth E. Morrison* Kenneth E. Morrison

Date

3/28/03

Daytime Phone #

813-967-4622

FILED  
03 APR 22 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (4/02)