

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2003 8:00 am
Secretary of State

09-19-2003 90065 005 ****50.00

DOCUMENT # L02000005718



1. Entity Name
ALTERNATIVE ELECTRIC COMPANY, LLC

Principal Place of Business
1848 DENISE CT. W.
ST. GEORGE ISLAND FL 32328

Mailing Address
1848 DENISE CT. W.
ST. GEORGE ISLAND FL 32328

2. Principal Place of Business

3. Mailing Address

P.O. Box 893

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
EASTPOINT FL

4. FEI Number

04-3619165

Applied For

Not Applicable

Zip

Country

Zip

Country

32328

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHULER, THOMAS M
34-4TH STREET
APALACHICOLA FL 32320

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

\$0.00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MANAGING MEMBER	KENNETH G. SEYMOUR	P.O. BOX 893	EASTPOINT, FL 32328	<input type="checkbox"/>
MANAGING MEMBER	MARY SEYMOUR	P.O. BOX 893	EASTPOINT, FL 32328	<input type="checkbox"/>
MANAGING MEMBER	KYLE E. SEYMOUR	301 SWEET BAY CIRCLE	EASTPOINT, FL 32328	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: MARY SEYMOUR 9/15/03 (850) 927-4610

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

Date Daytime Phone #

CR2E083 (4/03)