

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 30 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004049

1. Entity Name

ALTERNATIVE ENERGY SOURCES, LLC

Principal Place of Business

789 SOUTH FEDERAL HIGHWAY  
BUILDING II, SUITE 310  
STUART FL 34994

Mailing Address

789 SOUTH FEDERAL HIGHWAY  
BUILDING II, SUITE 310  
STUART FL 34994-2936

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

65-0936192

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORLEY, WILLIAM E III  
789 SOUTH FEDERAL HIGHWAY  
BUILDING II, SUITE 310  
STUART FL 34994

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.

SIGNATURE

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME ENTERLINE, JACK J  
STREET ADDRESS 1010 GRANDVIEW BLVD.  
CITY- ST- ZIP FT. PIERCE FL 34982

TITLE MGR  
NAME KNOX, ROBERT T  
STREET ADDRESS 721 HUCKLEBERRY LANE  
CITY- ST- ZIP NORTH PALM BEACH FL 33408

TITLE MGR  
NAME CORLEY, WILLIAM E III  
STREET ADDRESS 3131 CLINT MOORE ROAD #205  
CITY- ST- ZIP BOCA RATON FL 33496

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
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CITY- ST- ZIP

TITLE  
NAME  
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CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
600003256625-1  
-05/18/00--01015--007  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

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CITY- ST- ZIP

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 OR MANAGER

Date

Daytime Phone #

SIGNATURE REQUIRED  
4/28/2000 561-781-9900