

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000007526**

1. Entity Name
GLOBAL ENERGY SOLUTIONS, L.C.

REINSTATEMENT 2000

FILED

DEC 29 AM 10:49

hf

Principal Place of Business
% GLOBAL ENERGY SOLUTIONS I. INC.
5945 N. WASHINGTON BLVD/ATTN: E.R. DANZIG
SARASOTA FL 34243

Mailing Address
% GLOBAL ENERGY SOLUTIONS I. INC.
5945 N. WASHINGTON BLVD/ATTN: E.R. DANZIG
SARASOTA FL 34243

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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 05-0962319	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

STEPHENS, FLORENCE B
5945 NORTH WASHINGTON BLVD.
SARASOTA FL 34243

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 *Florence B Stephens*

1-5-00

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 / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLOBAL ENERGY SOLUTIONS I, INC. 5945 N. WASHINGTON BLVD/ATTN: E.R. DANZIG SARASOTA FL 34243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

700003554197--1
-01/18/01--01074--022
******155.00 ****155.00**

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: *Florence B Stephens* **SIGNATURE REQUIRED** **FLORENCE B STEPHENS** 9-12-00 941-355-8876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (5/00)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1 of 2

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 00 DEC 29 AM 10:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000100254
 1. Corporation Name
 CENTURY DEVELOPMENT OF COLLIER COUNTY, INC.

2. Principal Office Address 801 LAUREL OAK DRIVE Suite, Apt. #, etc. SUITE 400 City & State NAPLES, FL Zip 34108		3. Mailing Office Address 801 LAUREL OAK DRIVE Suite, Apt. #, etc. SUITE 400 City & State NAPLES, FL Zip 34108	
Country USA		Country USA	

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida
11/24/97

5. FEI Number 59-3478877 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED SR 75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
DON E. LESTER

Street Address (P.O. Box Number is Not Acceptable)
801 LAUREL OAK DRIVE 300003515643-6

Suite, Apt. #, Etc.
SUITE 400

City
NAPLES

State
FL

Zip Code
34108

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 12-27-00
 REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V	DEAN C. LESTER	9927 KONA ISLE CT.	ORLANDO, FL 32817
ST	SUZANNE F. LESTER	4688 OAKLEAF	NAPLES, FL 34119
V	CHARLES D. WICKLIFFE	27056 JARVIS ROAD	BONITA SPRINGS, FL 34135
P	DON E. LESTER	4688 OAKLEAF	NAPLES, FL 34119

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: DON E. LESTER 12-27-00 941-593-1000, X215
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)

2 of 2



ACCOUNT NO. : 072100000032
REFERENCE : 945181 7234920
AUTHORIZATION :
COST LIMIT 900.00 *Patricia Poyit*

ORDER DATE : December 26, 2000
ORDER TIME : 9:31 AM
ORDER NO. : 945181-010
CUSTOMER NO: 7234920
CUSTOMER: Mr. Don Lester
Century Holdings Of Collier
801 Laurel Oak Drive
Suite 400
Naples, FL 34108

DOMESTIC FILINGS

NAME: CENTURY DEVELOPMENT OF
COLLIER COUNTY, INC.

RECEIVED
00 DEC 28 AM 10:44
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XXX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: HARRY DAVIS
EXAMINER'S INITIALS _____

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

DEC 29 AM 8:30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # M97-257

1. Limited Liability Company's Name

Dell Credit Company L.L.C.

2. Principal Office Address

One Dell Way, SP-1

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Round Rock, TX

City & State

Zip

78682

Country

USA

Zip

Country

4. State/Country of Formation

DE - USA

5. Date Organized or Qualified To Do Business in Florida

5/12/97

6. FEI Number

74-2825829

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT Corporation System

500003553995 - 1

Street Address (P.O. Box Number is Not Acceptable)

660 East Jefferson Street

-01/18/01--01074--001

*****50.00 *****50.00

Suite, Apt. #, Etc.

City

Tallahassee, FL 32301

State FL

Zip Code

32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Managing Members/Managers

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1 contains the word 'Same'.

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager

Ron V. Martinez

Date 1/3/01

Daytime Phone # 512-723-9918

Typed or printed name of signing Managing Member/Manager

Ronnie V. Martinez

CR2E041 (9/00)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT
UBR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

DEC 29 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000354

1. Limited Liability Company's Name

SCARY STUFF PRODUCTIONS L.C

2. Principal Office Address

507 POLARIS LOOP

Suite, Apt. #, etc.

103

City & State

Casselberry FL

Zip

Country

32707

ORANGE

3. Mailing Office Address

507 POLARIS LOOP

Suite, Apt. #, etc.

103

City & State

Casselberry FL

Zip

Country

32707

ORANGE

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

3-8-99

6. FEI Number

59-3555161

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Dan Carro

Street Address (P.O. Box Number is Not Acceptable)

505 S. Summerlin ave.

Suite, Apt. #, Etc.

700003553997-5

-01/18/01--01074-002

******50.00 *****50.00*

City

Orlando

State

FL

Zip Code

32801

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

[Signature]

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<i>Pres.</i>	<i>DANIEL CARRO</i>	<i>507 POLARIS LOOP L</i>	<i>CASSELBERRY FL 32707</i>
<i>MEM</i>	<i>Bill McCoy</i>	<i>6701 Hiwassee Meadow Dr.</i>	<i>ORL FL 32818</i>
<i>MEM</i>	<i>Luddel</i>	<i>14 Gedney Ave.</i>	<i>Smithtown, NY 11787</i>

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager

[Signature]

Date *10-21-00*

Daytime Phone # *(407) 228-1197*

Typed or printed name of signing Managing Member/Manager

DANIEL CARRO

CR2E041 (9/99)