

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** M00000000163

**1. Entity Name**  
ADVANCED ENERGY SOLUTIONS, LLC

<b>Principal Place of Business</b> J P HOFFMAN 2801 HWY 17-92, SUITE 214 HAINES CITY FL 33844	<b>Mailing Address</b> J P HOFFMAN 2801 HWY 17-92, SUITE 214 HAINES CITY FL 33844
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<b>2. Principal Place of Business</b> 2801 Hwy 17-92 Suite, Apt. #, etc.	<b>3. Mailing Address</b> 22420 Skyline Dr Suite, Apt. #, etc.
<b>City &amp; State</b> Haines City 71	<b>City &amp; State</b> Yonkers Linda, CA
<b>Zip</b> 33844	<b>Zip</b> 92087
<b>Country</b>	<b>Country</b>

**6. Name and Address of Current Registered Agent**  
HOFFMAN, J P  
1999 WEST COLONIAL DRIVE, STE 206  
ORLANDO FL 32804

**7. Name and Address of New Registered Agent**  
Name: John E Johnson  
Street Address (P.O. Box Number is Not Acceptable): 745 Golf Course Parkway  
City: Davenport FL Zip Code: 33837

**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: John E Johnson  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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]

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 33-0887353	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

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CR2E083 (11/00)