

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001935

1. Entity Name

CINERGY SOLUTIONS OF BOCA RATON, LLC

FILED
Sep 25, 2002 8:00 am
Secretary of State

09-25-2002 90115 039 ****50.00

Principal Place of Business

Mailing Address

139 EAST FOURTH ST.
CINCINNATI OH 45202

139 EAST FOURTH ST.
CINCINNATI OH 45202

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	MGRM CYRUS, MICHAEL J CINERGY SOLUTIONS, 139 EAST FOURTH ST. CINCINNATI OH 45202	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

CR2E083 (4/02)

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 REQUIRED

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

Date

Daytime Phone #

9/20/02

513 419-5151

Attachment

873589

#M00000001935

Cinergy Corp.
139 East Fourth Street
P.O. Box 960
Cincinnati, OH 45201-0960
Tel 513.287.2826
Fax 513.287.2083

DAVID N. LLOYD
Corporate Secretarial

CINERGY®

September 20, 2002

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

Enclosed for filing with your office is the Florida Department of State Division of Corporations 2002 Uniform Business Report for Cinergy Solutions of Boca Raton, LLC and Cinergy Epcom, LLC. Our remittance in the total amount of \$100.00 (\$50.00 for each company) is also enclosed.

Please stamp the copy of this letter as an acknowledgment of receipt and filing, and return in the envelope provided.

Sincerely,

David N. Lloyd

David N. Lloyd

Enclosures