2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000072515



FILED Mar 24, 2003 8:00 am Secretary of State

1. Entity Na	AR ENERGY SYSTEMS, IN	NC.		03-24-2003 90165 017 ***150.00
Principal Place of Business 1057 ELLIS RD., STE. 3 JACKSONVILLE FL 32254 Mailing Address 1057 ELLIS RD., STE. 3 JACKSONVILLE FL 32254				
2. Principal	Place of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
DI IDDE:		Y · · · · · · · · · · · · · · · · · · ·	Name	
BURRELL, LELAND V 1057 ELLIS RD., STE. 3			Street Address	(P.O. Box Number is Not Acceptable)
JACKS0	NVILLE FL 32254			
			City	FL Zip Code
8. The above the obliga	e named entity submits this statement ations of registered agent.	for the purpose of changi	ng its registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registered Agent signature require	ad when rejectation)
	ILE NOW!!! FEE IS \$150.00	1	the service of the service require	d when reinstating) DATE
Afte	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	of State		9. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE* NAME STREET ADDRESS CITY-ST-ZIP	PTD BURRELL, LELAND V 1057 ELLIS RD., STE. 3 JACKSONVILLE FL 32254	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	VSD WILLIAMSON, RUSSELL J 1057 ELLIS RD., STE. 3 JACKSONVILLE FL 32254	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	angent of the growth of the control	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

3-20-03