

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P13472**1. Entity Name
POWER SYSTEMS ENERGY SERVICES, INC.

Principal Place of Business

317 S. NORTHLAKE BLVD.
SUITE 1024
ALTAMONTE SPRINGS
32701

FL

Mailing Address

317 S. NORTHLAKE BLVD.
SUITE 1024
ALTAMONTE SPRINGS
32701

FL

2. Principal Place of Business

317 S. NORTH LAKE BLVD.

3. Mailing Address

317 S. NORTH LAKE BLVD.

Suite, Apt. #, etc.
SUITE 1024Suite, Apt. #, etc.
SUITE 1024

City & State

ALTAMONTE SPRINGS

FL

City & State

ALTAMONTE SPRINGS

FL

Zip
32701

Country

Zip
32701

Country

4. FEI Number

06-111519

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROADPLANTATION
33324

US

FL

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)

04/30/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution.☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	☐ Delete
NAME	ERSKINE FRED	
STREET ADDRESS	7633 E 63RD PL 4TH FL	
CITY-ST-ZIP	TULSA OK 74133	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V, S	☐ Change	☒ Addition
NAME	TAYLOR PATTERSON D		
STREET ADDRESS	317 S NORTH LAKE BLVD, SUITE 1024		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		
TITLE	P, T	☒ Change	☐ Addition
NAME	TAYLOR LORI M		
STREET ADDRESS	317 S NORTH LAKE BLVD, SUITE 1024		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATTERSON D. TAYLOR

V, S

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)