

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000020436**1. Entity Name
FPL ENERGY BRADY POWER SERVICES, INC.

Principal Place of Business

700 UNIVERSE BLVD.

JUNO BEACH

33408

FL

Mailing Address

ATTN: RITA W. COSTANTINO

700 UNIVERSE BLVD.

JUNO BEACH

33408

FL

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

65-0655258

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

LEON J. E
9250 W. FLAGLER STREETMIAMI
33174 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 _____ **04/23/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	AS	<input type="checkbox"/> Delete
NAME	COSTANTINO RITA W	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	V	<input type="checkbox"/> Delete
NAME	STANTON JOHN W	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	S	<input type="checkbox"/> Delete
NAME	TANCER EDWARD F	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	V	<input type="checkbox"/> Delete
NAME	KEENER JAMES A	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	YACKIRA MICHAEL W	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	DP	<input type="checkbox"/> Delete
NAME	RODRIGUEZ ANTONIO	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BEACH FL 33408	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D HAY III LEWIS
STREET ADDRESS	700 UNIVERSE BLVD
CITY-ST-ZIP	JUNO BEACH FL 33408
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: RITA W. COSTANTINO

AS

04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

MICHAEL L. LEIGHTON, VP

**700 UNIVERSE BOULEVARD
JUNO BEACH, FL. 33408**