2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 14, 2000 8:00 am Secretary of State DOCUMENT # **P96000058896** 1. Entity Name SUSTAINABLE ENERGY SYSTEMS, INC. 03-14-2000 90013 004 ***150.00 Principal Place of Business Mailing Address 46 NO WASHINGTON BLVD. STE 1 1256 5TH STREET SARASOTA FL 34236-5932 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0683849 Not Applicable 2ip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROTEN, REX A Street Address (P.O. Box Number is Not Acceptable) 46 NO WASHINGTON BLVD. STE 1 SARASOTA FL 34236 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DCP ☐ Change ☐ Addition TITLE □ Delete TITLE CONWAY, CYNTHIA L NAME NAME STREET ADDRESS STREET ADDRESS 1256 5TH STREET SARASOTA FL CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE CONWAY, LUVERNE A NAME 1256 5TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP DT ☐ Change Addition Delete TITLE SHAPIN, JAN NAME STREET ADDRESS STREET ADDRESS 1256 5TH STREET CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Change Addition Delete TITLE TITLE CONWAY, THOMAS B NAME NAME 1256 5TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CYNTHIA L. CONWAY, President

(941) 341-0292

Date

Daytime Phone #