

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 17, 2000 08:00 AM
Secretary of State****DOCUMENT # P96000089884****1. Entity Name**

FPL ENERGY SERVICES II, INC.

Principal Place of Business700 UNIVERSE BOULEVARD
ATTN: DENNIS P. COYLE
JUNO BEACH
33408 US FL**Mailing Address**700 UNIVERSE BLVD
ATTN: DENNIS P COYLE
JUNO BEACH
33408 US 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**65-0716600**

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 AgentLEON J.E.
9250 WEST FLAGLER STREETMIAMI FL
33174**7. Name and Address of New Registered Agent**

Name

LEON J.E.

Street Address (P.O. Box Number is Not Acceptable)

9250 WEST FLAGLER STREET

City
MIAMI

FL

Zip Code
33174**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)

03/17/2000

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, 2000 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	S	<input checked="" type="checkbox"/> Delete
NAME	COYLE DENNIS P	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BCH FL	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SAMIL DILEK	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BCH FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	YACKIRA MICHAEL W	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BCH FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	HAMILTON WILLIAM W	
STREET ADDRESS	9250 W FLAGLER ST	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	EVANSON PAUL J	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BCH FL	

TITLE	DP	<input type="checkbox"/> Delete
NAME	LASETER LARRY J	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BCH FL	

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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COYLE DENNIS PS	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BCH FL 33408	

TITLE	TAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRATH ROBERT LTAS	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BEACH FL 33408	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANSON PAUL JD	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BCH FL 33408	

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON WILLIAM WDP	
STREET ADDRESS	9250 WEST FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL 33174	

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: DENNIS P. COYLE

S 03/17/2000