

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 28, 2000 08:00 AM  
Secretary of State****DOCUMENT # P97000006953****1. Entity Name**

ESI CHESAPEAKE POWER, INC.

**Principal Place of Business**

700 UNIVERSE BLVD.

JUNO BEACH

33408

FL

**Mailing Address**

ATTN: FRANCES M. CARPENTER

700 UNIVERSE BLVD.

JUNO BEACH

33408

FL

**2. Principal Place of Business****3. Mailing Address**

ATTN: RITA W. COSTANTINO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

700 UNIVERSE BLVD.

City &amp; State

City &amp; State

JUNO BEACH

FL

Zip

Country

Zip

Country

33408

**4. FEI Number****65-0805371**

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 WEST FLAGLER STREET

MIAMI

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

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

(NOTE: Registered Agent signature required when reinstating)

**02/28/2000**

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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DT	<input type="checkbox"/> Delete
NAME	BOYLAN PETER D	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BCH FL 33408	

TITLE	S	<input type="checkbox"/> Delete
NAME	CARPENTER FRANCES M	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BCH FL 33408	

TITLE	DV	<input type="checkbox"/> Delete
NAME	HOFFMAN KENNETH P	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BCH FL 33408	

TITLE	DP	<input type="checkbox"/> Delete
NAME	YACKIRA MICHAEL W	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BCH FL 33408	

TITLE	AS	<input type="checkbox"/> Delete
NAME	TANCER EDWARD F	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BCH FL 33408	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HATHAWAY SCOT C	
STREET ADDRESS	700 UNIVERSE BOULEVARD	
CITY-ST-ZIP	JUNO BEACH FL 33408	

TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMIL DILEK L	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BCH FL 33408	

TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTANTINO RITA W	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BCH FL 33408	

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	TANCER EDWARD F	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BCH FL 33408	

**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 02/28/2000