

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # P97000063815

1. Entity Name

ALTERNATIVE ENERGY SOLUTIONS, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90193 014 \*\*\*150.00

Principal Place of Business  
1412 ALLENDALE RD  
WEST PALM BCH FL 33405  
US

Mailing Address  
P O BOX 239  
JUPITER FL 33468-0239  
US

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 **65-0769408**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWARTZ, JAY  
P O BOX 239  
JUPITER FL 33468

Name Schwartz, Jay  
Street Address (P.O. Box Number is Not Acceptable)  
1412 Alledale DR  
City WPB FL Zip Code 33405

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

3/28/2000

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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHWARTZ, JAY N			NAME			
STREET ADDRESS	P O BOX 239			STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL 33468			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHWARTZ, ABE			NAME			
STREET ADDRESS	8580 DOVERBROOK DR			STREET ADDRESS			
CITY-ST-ZIP	PALM BCH GARDENS FL 33410			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHAD, MAY ELLEN			NAME			
STREET ADDRESS	1700 EMBASSEY DR			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BCH FL 33407			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHWARTZ, BARBARA			NAME			
STREET ADDRESS	8580 DOVERBROOK DR			STREET ADDRESS			
CITY-ST-ZIP	PALM BCH GARDENS FL 33410			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/2000

CR2E034 (9/99)