

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 23, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000061538**1. Entity Name  
FPL ENERGY DOSWELL HOLDINGS, 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 &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

**65-0851375**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

**04/23/2001**

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 State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

|                |                     |                                            |
|----------------|---------------------|--------------------------------------------|
| TITLE          | AS                  | <input checked="" type="checkbox"/> Delete |
| NAME           | PONDER STEPHEN H    |                                            |
| STREET ADDRESS | 700 UNIVERSE BLVD   |                                            |
| CITY-ST-ZIP    | JUNO BEACH FL 33408 |                                            |
| TITLE          | AS                  | <input type="checkbox"/> Delete            |
| NAME           | HATHAWAY SCOT C     |                                            |
| STREET ADDRESS | 700 UNIVERSE BLVD   |                                            |
| CITY-ST-ZIP    | JUNO BEACH FL 33408 |                                            |
| TITLE          | AS                  | <input type="checkbox"/> Delete            |
| NAME           | COSTANTINO RITA W   |                                            |
| STREET ADDRESS | 700 UNIVERSE BLVD   |                                            |
| CITY-ST-ZIP    | JUNO BEACH FL 33408 |                                            |
| TITLE          | DT                  | <input type="checkbox"/> Delete            |
| NAME           | SAMIL DILEK L       |                                            |
| STREET ADDRESS | 700 UNIVERSE BLVD   |                                            |
| CITY-ST-ZIP    | JUNO BEACH FL 33408 |                                            |
| TITLE          | DV                  | <input type="checkbox"/> Delete            |
| NAME           | HOFFMAN KENNETH P   |                                            |
| STREET ADDRESS | 700 UNIVERSE BLVD   |                                            |
| CITY-ST-ZIP    | JUNO BEACH FL 33408 |                                            |
| TITLE          | DP                  | <input type="checkbox"/> Delete            |
| NAME           | YACKIRA MICHAEL W   |                                            |
| 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          | S                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | TANCER EDWARD F     |                                                                              |
| 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    |                     |                                                                              |
| TITLE          | DT                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MCGRATH ROBERT L    |                                                                              |
| STREET ADDRESS | 700 UNIVERSE BLVD   |                                                                              |
| CITY-ST-ZIP    | JUNO BEACH FL 33408 |                                                                              |
| TITLE          | DV                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | LEIGHTON MICHAEL L  |                                                                              |
| STREET ADDRESS | 700 UNIVERSE BLVD   |                                                                              |
| CITY-ST-ZIP    | JUNO BEACH FL 33408 |                                                                              |
| TITLE          | DP                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | HAY III LEWIS       |                                                                              |
| STREET ADDRESS | 700 UNIVERSE BLVD   |                                                                              |
| CITY-ST-ZIP    | JUNO BEACH 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

04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)