

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 28, 2001 08:00 AM
Secretary of State

DOCUMENT # P98000067186

1. Entity Name
FPL THERMAL SYSTEMS, INC.

Principal Place of Business
 700 UNIVERSE BOULEVARD
 JUNO BEACH FL 33408

Mailing Address
 700 UNIVERSE BOULEVARD
 ATTN: DENNIS P. COYLE
 JUNO BEACH FL 33408

2. Principal Place of Business
 700 UNIVERSE BOULEVARD

3. Mailing Address
 700 UNIVERSE BOULEVARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.
 ATTN: DENNIS P. COYLE

DO NOT WRITE IN THIS SPACE

City & State
 JUNO BEACH FL

City & State
 JUNO BEACH FL

4. FEI Number
65-0858520

Applied For
 Not Applicable

Zip Country
 33408 US

Zip Country
 33408 US

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

LEON J E
 9250 WEST FLAGLER STREET
 MIAMI FL 33174 US

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 _____ DATE **03/28/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE T Delete
 NAME MCGRATH ROBERT LT
 STREET ADDRESS 700 UNIVERSE BOULEVARD
 CITY-ST-ZIP JUNO BEACH FL 33408

TITLE TAS Change Addition
 NAME MCGRATH ROBERT LTAS
 STREET ADDRESS 700 UNIVERSE BOULEVARD
 CITY-ST-ZIP JUNO BEACH FL 33408

TITLE S Delete
 NAME COYLE DENNIS PS
 STREET ADDRESS 700 UNIVERSE BOULEVARD
 CITY-ST-ZIP JUNO BEACH FL 33408

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME EVANSON PAUL JD
 STREET ADDRESS 700 UNIVERSE BOULEVARD
 CITY-ST-ZIP JUNO BEACH FL 33408

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DP Delete
 NAME HAMILTON WILLIAM W
 STREET ADDRESS 9250 WEST FLAGLER STREET
 CITY-ST-ZIP MIAMI FL 33174

TITLE DP Change Addition
 NAME HAMILTON WILLIAM WDP
 STREET ADDRESS 9250 WEST FLAGLER STREET
 CITY-ST-ZIP MIAMI FL 33174

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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: DENNIS P. COYLE S **03/28/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)