

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90099 034 ***150.00

DOCUMENT # P98000108044

1. Entity Name

APPLIED ENERGY TECHNOLOGIES, INC.

Principal Place of Business

**12950 - 58TH STREET NO
 SUITE 12
 CLEARWATER FL 33760-3949**

Mailing Address

**PO BOX 20063
 ST PETERSBURG FL 33742-0063**

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

59-3562077

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

**CHATHAM, LOIS C
 1345 SOUTH MISSOURI AVENUE
 SUITE 111
 CLEARWATER FL 33756**

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)

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, 2002 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 **PS** ☐ Delete
 NAME **LANPHER, LARRY S**
 STREET ADDRESS **12950 58TH STREET NORTH #12**
 CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE **PS** ☒ Change ☐ Addition
 NAME **SCOTT, LAUREN ALEX**
 STREET ADDRESS **12950 58TH ST NORTH, SUITE 12**
 CITY-ST-ZIP **CLEARWATER, FL 33760-3949**

TITLE **T** ☐ Delete
 NAME **BROWN, ANGELA L**
 STREET ADDRESS **1428 VINCENTE BLVD**
 CITY-ST-ZIP **SANTA MONICA CA 90402**

TITLE **T** ☒ Change ☐ Addition
 NAME **BROWN, ANGELA**
 STREET ADDRESS **1428 SAN VICENTE BLVD**
 CITY-ST-ZIP **SANTA MONICA, CA 90402**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Lauren Alex Scott
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LAUREN ALEX SCOTT

JANUARY 7, 2002 **727-523-7564**

Date

Daytime Phone #

CR2ED34 (9/01)