



**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F02000005720			
1. Entity Name SHELL SOLAR EMPLOYMENT SERVICES INC.			
Principal Place of Business 4650 ADOHR LANE CAMARILLO, CA 93010		Mailing Address 4650 ADOHR LANE CAMARILLO, CA 93010	
2. Principal Place of Business		3. Mailing Address 910 LOUISIANA ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. ROOM 4279G	
City & State		City & State HOUSTON, TX 77002	
Zip	Country	Zip	Country
		4. FEI Number 76-0696746	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small>			
FILE NOW WITH FEE IS \$150.00 APR 15, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRIS, C.A.	NAME	
STREET ADDRESS	4650 ADOHR LANE	STREET ADDRESS	
CITY-ST-ZIP	CAMARILLO, CA 93010	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEISNER, R.R.	NAME	
STREET ADDRESS	4650 ADOHR LANE	STREET ADDRESS	
CITY-ST-ZIP	CAMARILLO, CA 93010	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCSWEENEY, T.A.	NAME	
STREET ADDRESS	4537 ELM STREET	STREET ADDRESS	
CITY-ST-ZIP	BELLAIRE, TX 77401	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, K.D.	NAME	
STREET ADDRESS	910 LOUISIANA	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON, TX 77002	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLLER, H.A.	NAME	
STREET ADDRESS	4650 ADOHR LANE	STREET ADDRESS	
CITY-ST-ZIP	CAMARILLO, CA 93010	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL, S.J.	NAME	
STREET ADDRESS	910 LOUISIANA	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON, TX 77002	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		S. J. PAUL 4/28/2003 713/241-4461	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)