

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90202 047 ***150.00

DOCUMENT # 119792

1. Entity Name
FLORIDA PUBLIC UTILITIES COMPANY



Principal Place of Business
**401 SOUTH DIXIE HIGHWAY
WEST PALM BEACH 33401-5807
US**

Mailing Address
**P.O. 3395
WEST PALM BEACH FL 33402-3395
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-0539080**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ENGLISH, J.T.
401 SOUTH DIXIE HIGHWAY
WEST PALM BEACH FL 33401**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ENGLISH, J.T.	
STREET ADDRESS	401 S. DIXIE HIGHWAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	CFOT	<input type="checkbox"/> Delete
NAME	BACHMAN, G.M.	
STREET ADDRESS	401 S. DIXIE HIGHWAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	COOV	<input type="checkbox"/> Delete
NAME	STEIN, C. L.	
STREET ADDRESS	401 S. DIXIE HWY.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HITCHINS, R.C.	
STREET ADDRESS	401 S. DIXIE HIGHWAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BROWN, J. R.	
STREET ADDRESS	400 S. DIXIE HIGHWAY	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MADDOCK, P. L. JR.	
STREET ADDRESS	401 S DIXIE HIGHWAY	
CITY-ST-ZIP	W. PALM BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Benoit, E.T.	
STREET ADDRESS	401 S. Dixie Highway	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schupp, R.E.	
STREET ADDRESS	401 South Dixie Highway	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *George Bachman* **George Bachman, CFO and Treasurer 03/12/03(561)838-1731**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/02)