

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90389 019 ***150.00

DOCUMENT # F03003

1. Entity Name

EASTFIELD UTILITIES COMPANY

Principal Place of Business

517 S. FOLKENBURG RD
 TAMPA FL 33619
 US

Mailing Address

P.O. BOX 1914
 SEFFNER FL 33583-1914
 US

2. Principal Place of Business

2821 Timber Knoll Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Valrico, FL

Zip
 33594

Country
 Hillsborough

Zip

Country

4. FEI Number **59-2508310**

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

CHADWELL, DAVID R.
 517 S. FALKENBURG RD
 TAMPA FL 33619

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

[Signature]
 (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, 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	PD	<input type="checkbox"/> Delete
NAME	CHADWELL, DAVID R.	
STREET ADDRESS	2821 TIMBER KNOLL DRIVE	
CITY-ST-ZIP	VALRICO FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CHADWELL, JAMES M.	
STREET ADDRESS	9116 KENTON RD	
CITY-ST-ZIP	WESLEY CHAPEL FL 33422	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHADWELL, LARRY E.	
STREET ADDRESS	1903 CAPRI DRIVE	
CITY-ST-ZIP	VALRICO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* 3/15/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0318063

CR2E034 (10/00)