

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90052 023 ***150.00

DOCUMENT # P00000094277

1. Entity Name

UTCHEL FINANCIAL SERVICES, INC.

Principal Place of Business

**623 JUPITER WAY
CASSELBERRY FL 32707-4517**

Mailing Address

**623 JUPITER WAY
CASSELBERRY FL 32707-4517**

2. Principal Place of Business

3. Mailing Address

P.O. Box 180896

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
CASSELBERRY, FLORIDA

4. FEI Number

59-3696687

Applied For

Not Applicable

Zip

Country

Zip

Country

32718-0896

USA

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

**UTCHEL, JOSEPH
623 JUPITER WAY
CASSELBERRY FL 32707-4517**

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

Joseph Utchel

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/3/02

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
UTCHEL, JOSEPH
623 JUPITER WAY
CASSELBERRY FL 32707-4517** ☐ Delete

TITLE
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☐ Change ☐ Addition

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:

Joseph Utchel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/02

Date

407-830-5331

Daytime Phone #

CR2E034 (9/01)