

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90066 046 ***150.00

0350397 AV

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
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DO NOT WRITE IN THIS SPACE

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 59-0539080	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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.

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME PD ENGLISH, J.T. STREET ADDRESS 401 S. DIXIE HIGHWAY CITY-ST-ZIP WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME CFO BACHMAN, G.M. STREET ADDRESS 401 S. DIXIE HIGHWAY CITY-ST-ZIP WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME COO STEIN, C. L. STREET ADDRESS 401 S. DIXIE HWY. CITY-ST-ZIP WEST PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME D DOWNEY, D. STREET ADDRESS P.O. BOX 2345 CITY-ST-ZIP PALM BEACH FL 33480	<input checked="" type="checkbox"/> Delete
TITLE NAME V BROWN, J. R. STREET ADDRESS 400 S. DIXIE HIGHWAY CITY-ST-ZIP WEST PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME D CRESSMAN, F.C. STREET ADDRESS 401 S DIXIE HIGHWAY CITY-ST-ZIP W. PALM BEACH FL	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME D Benoit, E.T. STREET ADDRESS 401 S. Dixie Highway CITY-ST-ZIP West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME CFOT Bachman, G.M. STREET ADDRESS 401 S. Dixie Highway CITY-ST-ZIP West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME COOV Stein, C.L. STREET ADDRESS 401 S. Dixie Highway CITY-ST-ZIP West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D Hitchins, R.C. STREET ADDRESS 401 S. Dixie Highway CITY-ST-ZIP West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME VS Brown, J.R. STREET ADDRESS 401 S. Dixie Highway CITY-ST-ZIP West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D Maddock, P.L. Jr. STREET ADDRESS 401 S. Dixie Highway CITY-ST-ZIP West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *Geoffrey Bachman* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)