

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90237 045 ***150.00

DOCUMENT # 319124

1. Entity Name
PASCO UTILITIES, INC.



Principal Place of Business
2700 N MAC DILL AVE
PO BOX 4118
TAMPA FL 33677

Mailing Address
2700 N MAC DILL AVE
PO BOX 4118
TAMPA FL 33677

11016810



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 **59-1619481**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ, MAYNARD
2700 N. MACDILL AVENUE
TAMPA FL 33677

Name

JOHN FERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)

2700 N. MACDILL AV. # 115

P.O. Box 4118

City

Tampa

FL

Zip Code

33607

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

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

JOHN FERNANDEZ PRES.

4-16-03

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FERNANDEZ, Y C**
STREET ADDRESS **2700 N MACDILL AVE #115**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **FERNANDEZ, MAYNARD**
STREET ADDRESS **2700 N. MACDILL AVENUE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LLANES, LONEL**
STREET ADDRESS **2700 N MACDILL AVE, #115**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Change ☒ Addition
NAME **JOHN FERNANDEZ**
STREET ADDRESS **2700 N. MAC DILL AV. #115**
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP D** ☐ Change ☒ Addition
NAME **Y.C. FERNANDEZ JR.**
STREET ADDRESS **2700 N. MACDILL AV. #115**
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **Y.C. FERNANDEZ (SR.)**
STREET ADDRESS **2700 N MACDILL AV. #115**
CITY-ST-ZIP **TAMPA, FL 33607**

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:

[Signature] **JOHN FERNANDEZ PRES.**

4-16-03

013-977-8339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)