

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

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90017 017 ***150.00

DOCUMENT # **459400**

1. Entity Name

COLONY PARK UTILITIES, INC.

DO NOT WRITE IN THIS SPACE

425640

2. Principal Place of Business

8116 Hibiscus Circle

Suite, Apt. #, etc.

3. Mailing Address

8116 Hibiscus Circle

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tamarac FL

City & State

Tamarac FL

4. FEI Number

591565318

Applied For

Not Applicable

Zip

33321

Country

Zip

33321

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Arthur Rogow

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

8116 Hibiscus Circle

City

Tamarac

FL

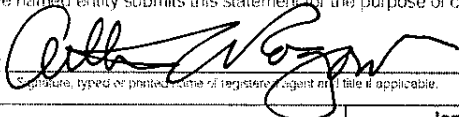
Zip

33321

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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



Arthur Rogow

2-28-02

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

(NOTE: Registered Agent signatures 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**President
Eileen G. Rogow
8116 Hibiscus Circle
Tamarac FL 33321**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**Vice President
Arthur Rogow
8116 Hibiscus Circle
Tamarac FL 33321**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**Secy / Treasurer
Philip Young
8116 Hibiscus Circle
Tamarac FL 33321**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eileen G. Rogow 2/28/02 954-721-2822

Date

Daytime Phone #

CR2E034B (12/01)