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

425640

1. Entity Name
COLONY PARK UTILITIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8116 Hibiscus Circle	8116 Hibiscus Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tamarac FL	City & State: Tamarac FL
Zip: 33321 Country:	Zip: 33321 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 591565318 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

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] Arthur Rogow 2-28-02
Signature, typed or printed name of registered agent and title if applicable. (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) ☐

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	President
NAME	Eileen G. Rogow
STREET ADDRESS	8116 Hibiscus Circle
CITY-ST-ZIP	Tamarac FL 33321
TITLE	Vice President
NAME	Arthur Rogow
STREET ADDRESS	8116 Hibiscus Circle
CITY-ST-ZIP	Tamarac FL 33321
TITLE	Secy / Treasurer
NAME	Philip Young
STREET ADDRESS	8116 Hibiscus Circle
CITY-ST-ZIP	Tamarac FL 33321
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Eileen G. Rogow 2/28/02 954-721-2822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #