

DOCUMENT # 508007

1. Entity Name

PIPELINE UTILITIES INCORPORATED

Principal Place of Business

Mailing Address

GARDEN INDUSTRIAL PARK
3610 FISCAL CT
RIVIERA BCH. FL 33404-1754

GARDEN INDUSTRIAL PARK
3610 FISCAL CT
RIVIERA BCH. FL 33404-1723

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 59-1684417

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRADDOCK, J. DAVID
6914 141ST LANE
PALM BCH GDNS FL 33418

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	CBD CRADDOCK, RUTH ANN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6820 140TH LANE PALM BCH GDNS FL 33418-7245	
TITLE NAME	COBD CRADDOCK, JIM K.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6820 140TH AVE PALM BCH GDNS FL 33418-7245	
TITLE NAME	PDSG CRADDOCK, JAMES DAVID	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6914 141ST LANE PALM BEACH GARDENS FL 33418-7245	
TITLE NAME	VD TYO, RANDY S	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1073 SPRUCE RIDGE DRIVE STUART FL 34994	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

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:

J. David Craddock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00

Date

(561) 842-8833

Daytime Phone #