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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Suncoast Utility Contractors Association, Inc. (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bruce Akers, Chairman (Name of Contact Person)
Suncoast Utility Contractors Association c/o Ferguson Waterworks (Firm/Company)
8008 East Sligh Avenue
(Address)
Tampa, FL 33610 (City/State and Zip Code)
For further information concerning this matter, please call:
Bruce Akers at (813) 627-1240 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

CR2E045 (8/05)

F

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Stat mized under the laws of the State of Flor tered agent, or both, in the State of Flor	orida
	the corporation: Suncoast Utility Cor	•	uu.
		02 N. 56th Street, Suite 855, Tam	pa, FL 33617
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: June 1975	Document number:	992
	d street address of the current registered rtment of State:	agent and registered office on file with the	
	Lynn A. Burr		
	8447 140th Street North		O7 M
	Seminole, FL 33776		MAY 11 A
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office Misty J. Tjader 7402 N. 56th Street		
•	Suite 855		
	(P.O. Box NOT acceptable Tampa, FL 33617	e)	
The street addre	ess of its registered office and the stree be identical.	t address of the business office of its re	gistered agent,
-		ed by its board of directors or by an off otified in writing of the change.	
Nignati	the of an officer or director)	Bruce Akers, Chairman	
` ` `		nd agree to act in this capacity. tutes relative to the proper and comple ligation of my position as registered as he registered office address, I hereby c e.	•
Mot f	gnature of Registered Agent)	05 01 07	
If signing on be	half of an entity:		
Misty J. Tja	Ger Typed or Printed Name)		•

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *