

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000704

1. Entity Name

UTOPIA MANAGEMENT GROUP, LTD.

Principal Place of Business

2686 S.W. MERRICK STREET
PORT ST. LUCIE FL 34953

Mailing Address

2686 S.W. MERRICK STREET
PORT ST. LUCIE FL 34957-6711

2. Principal Place of Business

1872 NE CRABTREE LN

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jensen Beach, FL

City & State

Zip

Country

34957

USA

Country

4. FEI Number

65-0821273

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

COX, JASON

2686 S.W. MERRICK STREET
PORT ST. LUCIE FL 34953

7. Name and Address of New Registered Agent

Name

JASON COX

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

1872 NE CRABTREE LN

City

JENSEN BEACH

FL

Zip Code

34957

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)

5/1/00

DATE

9. Capital Contributions
as Shown on record.

\$5,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #

NAME

COX, JASON

STREET ADDRESS

2686 S.W. MERRICK STREET

CITY - ST - ZIP

PORT ST. LUCIE FL 34953

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

COX, JASON
1872

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

1872 NE CRABTREE LN

CITY - ST - ZIP

Jensen Beach, FL. 34957

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/1/00

Day

Daytime Phone #

FILED
00 MAY -4 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

