

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013428 AF

DOCUMENT # A98000000704

1. Entity Name

UTOPIA MANAGEMENT GROUP, LTD.

Principal Place of Business

1872 NE CRABTREE WEST  
JENSEN BEACH FL 34957

Mailing Address

1872 NE CRABTREE WEST  
JENSEN BEACH FL 34957

FILED

01 APR 16 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0821273

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COX, JASON  
1872 NE CRABTREE WEST  
JENSEN BEACH FL 34957

Name

COX, JASON

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

1872 NE CRABTREE LANE

City

Jensen Beach, FL

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

COX, JASON  
1872 NE CRABTREE WEST  
JENSEN BEACH FL 34957

STREET ADDRESS

COX, JASON

CITY-ST-ZIP

1872 NE CRABTREE LANE JENSEN Bch

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

*Jason Cox*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/9/01  
Date

561 232 2500  
Daytime Phone #

CR2E003 (11/00)