2003 FOR PROFIT CORPORATION

changed, or on an attachment w

Mar 31, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** F01000005250 DOCUMENT # 1. Entity Name 03-31-2003 90233 046 ***150.00 UTILITIES DYNAMICS, INC. Principal Place of Business Mailing Address 2311 CAIRO RD 2311 CAIRO RD PADUCAH KY 42001 PADUCAH KY 42001 2. Principal Place of Business 3. Mailing Address ovelaceville Rd aceville Rd Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Citx & State 4. FEI Number Applied For 61-1297476 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired. Fee: Required -_--6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOJCUICH, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1970 RUNNING HORSE TRAIL ST CLOUD FL 34771 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE A Change ☐ Delete TITLE Addition ZAKUTNEY, GARY NAME NAME 203 FOREST CIRCLE STREET ADDRESS STREET ADDRESS 1545 Glen Eagles Drive Paducah, KY 42001 CITY-ST-7IP PADUCAH KY CITY-ST-7IP TITLE VST ☐ Delete TITLE ☐ Change ☐ Addition BAER, KEVIN NAME NAME STREET ADDRESS 3828 LONDONDERRY LANE STREET ADDRESS PADUCAH KY. CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if

FILED