

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F05434

FILED  
Jul 23, 2003  
Secretary of State

Entity Name: SQUIRREL POINT UTILITIES CO., INC.

## Current Principal Place of Business:

15737 ACORN CIR.  
TAVARES, FL 32778

## New Principal Place of Business:

## Current Mailing Address:

15737 ACORN CIR.  
TAVARES, FL 32778

## New Mailing Address:

FEI Number: 59-2254893

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PASCO, ANDREA  
15910 CHESTNUT LN  
TAVARES, FL 32778 US

## Name and Address of New Registered Agent:

COLE, JULIEN  
15900 ACORN CIRCLE  
TAVARES, FL 32778 US

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: JULIEN B. COLE

07/23/2003

Electronic Signature of Registered Agent

Date

## Election Campaign Financing Trust Fund Contribution ( )

### OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ADAMS, PAM  
Address: P.O. BOX 568  
City-St-Zip: PLYMOUTH, FL 32768

Title: PD ( ) Delete  
Name: FOX, MARK  
Address: 15916 ACORN CIRCLE  
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete  
Name: COVER, DOUGLAS  
Address: 15919 ACORN CIRCLE  
City-St-Zip: TAVARES, FL 32778

Title: DS ( ) Delete  
Name: LEWIS, PAT  
Address: 15710 ACORN CIRCLE  
City-St-Zip: TAVARES, FL 32778

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT ( ) Change (X) Addition  
Name: COLE, JULIEN B  
Address: 15900 ACORN CIRCLE  
City-St-Zip: TAVARES, FL 32778

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIEN B. COLE

DT

07/23/2003

Electronic Signature of Signing Officer or Director

Date