

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90338 017 ***558.75

DOCUMENT # F95000005216

1. Entity Name
UTILITY REPLACEMENT COMPANY, INC.

Principal Place of Business

106 HIDDEN LAKES DR
CARROLLTON GA 30116
US

Mailing Address

PO BOX 915
CARROLLTON GA 30117
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-2124112

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

WARFEL, TIMOTHY J
2015 CENTRE POINTE BLVD.
SUITE 105
TALLAHASSEE FL 32308

Name **TIMOTHY P. KELLY**

Street Address (P.O. Box Number is Not Acceptable)
1016 LA SALLE ST

City **JACKSONVILLE** **FL** **Zip Code** **32207**

8. The above named entity submits the 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  **TIMOTHY P. KELLY** **7/15/02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCTD** ☐ Delete
NAME **MUSGROVE, CAROLYN B**
STREET ADDRESS **106 HIDDEN LAKES DR.**
CITY-ST-ZIP **CARROLLTON GA**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **CARROLLTON, GA 30116**
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **GARLAND, LAURA H**
STREET ADDRESS **106 HIDDEN LAKES DR.**
CITY-ST-ZIP **CARROLLTON GA**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **185 FAIRLAWN DRIVE**
CITY-ST-ZIP **CARROLLTON, GA 30117**

TITLE **V** ☐ Delete
NAME **GARLAND, THOMAS K**
STREET ADDRESS **185 FAIRLAWN DRIVE**
CITY-ST-ZIP **CARROLLTON GA 30117**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  **CAROLYN B. MUSGROVE** **7/15/02 (770) 832-9181**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)