

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003261

1. Entity Name
Utility Partners, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address - Same
600 N. Westshore Blvd, ste 1200
Tampa, FL 33609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07/26/2000 90007 040 \$150.00

4. FEI Number
59-3516470

Applied For

Not Applicable

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

Reed, Timothy A.
600 N. Westshore Blvd, ste 1200
Tampa, FL 33609

Name

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

City

FL

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.

SIGNATURE

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	D	NAME	Maffie, Michael O	STREET ADDRESS	5241 Spring Mountain Rd.	CITY-ST-ZIP	Las Vegas, NV 89102	☐ Delete
TITLE	D	NAME	Biehl, George C.	STREET ADDRESS	5241 Spring Mountain Rd.	CITY-ST-ZIP	Las Vegas, NV 89102	☐ Delete
TITLE	DP	NAME	Reed, Timothy A.	STREET ADDRESS	600 N. Westshore Blvd, ste 1200	CITY-ST-ZIP	Tampa, FL 33609	☐ Delete
TITLE	DV	NAME	Kennedy, James F	STREET ADDRESS	600 N. Westshore Blvd, ste 1200	CITY-ST-ZIP	Tampa, FL 33609	☐ Delete
TITLE	V	NAME	Brooks, Paul V	STREET ADDRESS	600 N. Westshore Blvd	CITY-ST-ZIP	Tampa, FL 33609	☐ Delete
TITLE	D	NAME	Grüner, Harry	STREET ADDRESS	1119 St. Paul St.	CITY-ST-ZIP	Baltimore, MD 21202	☒ Delete

TITLE	D	NAME	Lepard, Larry	STREET ADDRESS	2 Executive Dr.	CITY-ST-ZIP	Ft. Lee, NJ	☐ Change ☒ Addition
TITLE	D	NAME	Arrowsmith, Peter	STREET ADDRESS	12680 High Bluff Dr, 2ND Floor	CITY-ST-ZIP	San Diego, CA 92130	☐ Change ☒ Addition
TITLE	D	NAME	Eads, Kimberly	STREET ADDRESS	2 Executive Dr.	CITY-ST-ZIP	Ft. Lee, NJ 07024	☒ Delete
TITLE	D	NAME	Sywolski, Robert	STREET ADDRESS	100 Anchor Dr., #376	CITY-ST-ZIP	Key Largo, FL 33037	☒ Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/00 (813) 282-8828
Date Daytime Phone #

CR2E034 (9/99)