

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003261

1. Entity Name
UTILITY PARTNERS, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90183 044 ***150.00

0344446

Principal Place of Business
600 NORTH WESTSHORE BLVD., STE. 1200
TAMPA FL 33609

Mailing Address
600 NORTH WESTSHORE BLVD., STE. 1200
TAMPA FL 33609

80057206



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 59-3516470

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

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 _____ (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, 2001 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 IN 11

TITLE D ☐ Delete
NAME MAFFIE, MICHAEL O
STREET ADDRESS 5241 SPRING MOUNTAIN RD.
CITY-ST-ZIP LAS VEGAS NV 89102

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

TITLE D ☐ Delete
NAME BIEHL, GEORGE C
STREET ADDRESS 5241 SPRING MOUNTAIN RD.
CITY-ST-ZIP LAS VEGAS NV 89102

TITLE D ☐ Change ☒ Addition
NAME ARROWSMITH, PETER
STREET ADDRESS 12680 HIGH BLUFF DR., 2ND FLOOR
CITY-ST-ZIP SAN DIEGO, CA 92130

TITLE DP ☐ Delete
NAME REED, TIMOTHY A
STREET ADDRESS 600 NORTH WESTSHORE BLVD., STE. 1200
CITY-ST-ZIP TAMPA FL 33609

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

TITLE DV ☐ Delete
NAME KENNEDY, JAMES F
STREET ADDRESS 600 NORTH WESTSHORE BLVD., STE. 1200
CITY-ST-ZIP TAMPA FL 33609

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

TITLE V ☐ Delete
NAME BROOKS, PAUL V
STREET ADDRESS 600 NORTH WESTSHORE BLVD., STE. 1200
CITY-ST-ZIP TAMPA FL 33609

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

TITLE D ☐ Delete
NAME LEPARD, LARRY
STREET ADDRESS 2 EXECUTIVE DR.
CITY-ST-ZIP FT. LEE NJ

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:

Paul V. Brooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PAUL V. BROOKS

4/13/01

Date

(813)282-8828

Daytime Phone #

CR2E034 (10/00)