

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90027 008 ***150.00

DOCUMENT # F98000003261

1. Entity Name

UTILITY PARTNERS, INC.



Principal Place of Business

Mailing Address

~~600 NORTH WESTSHORE BLVD.~~
~~SUITE 990~~
~~TAMPA FL 33609~~

~~600 NORTH WESTSHORE BLVD.~~
~~SUITE 990~~
~~TAMPA FL 33609~~

2. Principal Place of Business

302 Knights Run Avenue

3. Mailing Address

PO Box 1391

Suite, Apt. #, etc.

800

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33602

Country

USA

Zip

33601

Country

USA

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

REED, TIMOTHY A

~~600 NORTH WESTSHORE BLVD. STE 990~~

~~TAMPA FL 33609~~

7. Name and Address of New Registered Agent

Name

Timothy A. Reed

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

302 Knights Run Avenue, Suite 800

City

Tampa

FL

Zip Code

33602

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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> Delete
NAME	REED, TIMOTHY A	
STREET ADDRESS	600 NORTH WESTSHORE BLVD. STE 990	
CITY - ST - ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKS, PAUL V	
STREET ADDRESS	600 NORTH WESTSHORE BLVD. STE 990	
CITY - ST - ZIP	TAMPA FL 33609	
TITLE	S	<input type="checkbox"/> Delete
NAME	KOZLIN, RONALD S	
STREET ADDRESS	600 N. WESTSHORE BLVD. SUITE 990	
CITY - ST - ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy A Reed	
STREET ADDRESS	302 Knights Run Ave, Suite 800	
CITY - ST - ZIP	Tampa FL 33602	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul V. Brooks	
STREET ADDRESS	302 Knights Run Avenue, Suite 800	
CITY - ST - ZIP	Tampa FL 33602	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald S. Kozlin	
STREET ADDRESS	302 Knights Run Ave, Suite 800	
CITY - ST - ZIP	Tampa, FL 33602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Timothy A. Reed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT & CFO

4/14/04

813-282-8828

Date

Daytime Phone #