

0143726

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004765

1. Entity Name  
UTILCO, INC.

Principal Place of Business  
905 OMEGA-TY TY ROAD  
TIFTON GA 31794

Mailing Address  
905 OMEGA-TY TY ROAD  
TIFTON GA 31794

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-1435985

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

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE	P	<input type="checkbox"/> Delete
NAME	BRYAN, BUDDY	
STREET ADDRESS	905 OMEGA-TY TY ROAD	
CITY-ST-ZIP	TIFTON GA 31794	
TITLE	VASD	<input type="checkbox"/> Delete
NAME	EASTMAN, BRAD	
STREET ADDRESS	1360 POST OAK BLVD., SUITE 2100	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	VASD	<input type="checkbox"/> Delete
NAME	HADDOX, JAMES H	
STREET ADDRESS	1360 POST OAK BLVD., SUITE 2100	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	VASD	<input type="checkbox"/> Delete
NAME	JENSEN, DERRICK A	
STREET ADDRESS	1360 POST OAK BLVD., SUITE 2100	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 OCT 19 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT

CR2E034 (5/00)

KE