

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005562

1. Entity Name

P&J UTILITIES SERVICES, INC.

FILED

Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90403 035 ***550.00

Principal Place of Business

Mailing Address

6621 WILBANKS ROAD
KNOXVILLE TN 37912

6621 WILBANKS ROAD
KNOXVILLE TN 37912-1314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

Applied For

62-1798547

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

FUTCH, DORINDA A
8940 GALL BLVD.
ZEPHYRHILLS FL 33541

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 IN 11

TITLE C
NAME PHILLIPS, W.T. SR.
STREET ADDRESS 800 BRIXWORTH BLVD.
CITY-ST-ZIP KNOXVILLE TN 37912 ☐ Delete

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

TITLE DP
NAME TURNER, BEN R
STREET ADDRESS 35502 BUTTS LENDING
CITY-ST-ZIP DADE CITY FL 33525 ☐ Delete

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

TITLE VTD
NAME MCMULLEN, J. PATRICK
STREET ADDRESS 16 HICKORY PLACE
CITY-ST-ZIP NORRIS TN 37928 ☐ Delete

TITLE VTD ☒ Change ☐ Addition
NAME McMullen, J. Patrick
STREET ADDRESS 6621 Wilbanks Road
CITY-ST-ZIP Knoxville, TN 37912

TITLE SD
NAME NICHOLS, CONNIE H
STREET ADDRESS 902 FOREST RIDGE CIRCLE
CITY-ST-ZIP KNOXVILLE TN 37932 ☐ Delete

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

TITLE V
NAME ORR, SCOTT D
STREET ADDRESS 32645 TRILBY ROAD
CITY-ST-ZIP DADE CITY FL 33525 ☐ Delete

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:

Connie H. Nichols, Secretary/Director (865) 688-8342

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)