

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90063 039 ***150.00

DOCUMENT # J03327

1. Entity Name
NORTH CENTRAL FLORIDA UTILITIES, INC.



Principal Place of Business
140 SE 2ND AVE
CRYSTAL RIVER FL 34429
US

Mailing Address
140 SE 2ND AVE
CRYSTAL RIVER FL 34429
US



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

133 N MCGOWAN AVE
Suite, Apt. #, etc.

3. Mailing Address

133 N MCGOWAN AVE
Suite, Apt. #, etc.

City & State

CRYSTAL RIVER FL

City & State

CRYSTAL RIVER FL

4. FEI Number

59-2693484

Applied For

Not Applicable

Zip

34429

Country

UNITED STATES

Zip

34429

Country

UNITED STATES

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STAFFORD, JEANETTE

140 SE 2 AVE

CRYSTAL RIVER FL 34429

133 N MCGOWAN

CRYSTAL RIVER

FL 34429

7. Name and Address of New Registered Agent

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. 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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 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 P
NAME STAFFORD, JEANETTE
STREET ADDRESS 140 SE 2 AVE
CITY-ST-ZIP CRYSTAL RIVER FL

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME STAFFORD, RICHARD L.
STREET ADDRESS 140 SE 2 AVE
CITY-ST-ZIP CRYSTAL RIVER FL

☐ Delete

TITLE
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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/003

Date

Daytime Phone #

CR2E034 (10/02)