

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J35439**

1. Entity Name

W. P. UTILITIES, INC.**FILED****Jun 09, 2000 8:00 am
Secretary of State**

06-09-2000 90022 024 ***550.00

Principal Place of Business

**3500 W. LANTANA RD.
LANTANA FL 33462**

Mailing Address

**4570 LAKE WORTH ROAD
LAKE WORTH FL 33463-3450**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

3500 W. LANTANA ROAD

Suite, Apt. #, etc.

City & State

LANTANA FL

4. FEI Number

59-2784095

Applied For

Not Applicable

Zip

Country

Zip

Country

33462**USA**5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOMELAND MOBILE HOMEW, INC.
4570 LAKE WORTH ROAD
LAKE WORTH FL 33463**

7. Name and Address of New Registered Agent

Name

ROGER E. MEDEMA

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

3500 W. LANTANA ROAD

City

LANTANA**FL**Zip Code
33462

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)

6/3/00
DATE9. 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MEDEMA, ROGER E.	
STREET ADDRESS	4570 LAKE WORTH ROAD	
CITY-ST-ZIP	LAKE WORTH FL 33463	

TITLE	V	<input type="checkbox"/> Delete
NAME	MEDEMA, MICHAEL W.	
STREET ADDRESS	4570 LAKE WORTH ROAD	
CITY-ST-ZIP	LAKE WORTH FL 33463	

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		

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		

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 #

C05024 10/00