
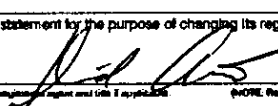
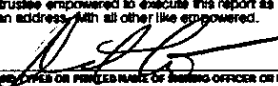


FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 91056 001 *1,676.25

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # J38046			
1. Entity Name EAGLE CREEK UTILITY II, INC.			
Principal Place of Business 625 EAGLE CREEK DRIVE NAPLES, FL 34113 US		Mailing Address 625 EAGLE CREEK DRIVE NAPLES, FL 34113 US	
2. Principal Place of Business <u>2340 Stanford Court</u> Suite, Apt. #, etc.		3. Mailing Address <u>2340 Stanford Court</u> Suite, Apt. #, etc.	
City & State <u>Naples FL</u>		City & State <u>Naples FL</u>	
4. FEI Number 59-2728771		Applied For Not Applicable	
Zip <u>34112</u>		Country <u>USA</u>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent AMICO, DAVID J 625 EAGLE CREEK DRIVE NAPLES, FL 34113		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 		DATE <u>4/29/03</u>	
Signature, typed or printed name of registered agent and title if applicable.		Date	
9. Election Campaign Financing Trust Fund Contribution... <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D LIPS, HERBERT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	625 EAGLE CREEK DRIVE	NAME	
STREET ADDRESS	NAPLES, FL 34113	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PSD AMICO, DAVID J. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	625 EAGLE CREEK DRIVE	NAME	
STREET ADDRESS	NAPLES, FL 34113	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	CTD SCHWAGER, HANSPETER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	625 EAGLE CREEK DRIVE	NAME	
STREET ADDRESS	NAPLES, FL 34113	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D STEINEMANN, HANSJORG <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		Date <u>234-280-1405</u>	
Signature, typed or printed name of signing officer or director		Date	

55044286



CHECK HERE IF MAKING CHANGES

CR20034 (10/02)

POSTED

ENTERED

558.75