

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90046 004 ****55.00

DOCUMENT # L00000014798

1. Entity Name

UTILITY COST CUTTERS SYSTEMS, LLC

Principal Place of Business

Mailing Address

**4255 GULF SHORE BLVD NO.
 #702
 NAPLES FL 34103**

**4255 GULF SHORE BLVD NO.
 #702
 NAPLES FL 34103**

908868



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1126 53rd Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

West Palm Beach

Zip Country

33407 Palm Beach

4. FEI Number **94-3381604**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUSTON, JOHN
 4255 GULF SHORE BLVD NO, STE 702
 NAPLES FL 34103**

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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME **MGRM HUSTON, JOHN**
 STREET ADDRESS **4255 GULF SHORE BLVD., N.**
 CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE ☐ Delete
 NAME **MGRM VENEZIE, KEITH**
 STREET ADDRESS **512 ARGONNE BLVD**
 CITY-ST-ZIP **ELWOOD CITY PA**

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

TITLE ☐ Delete
 NAME **MGRM CLAPSADDLE, ALAN**
 STREET ADDRESS **146 DUKE DRIVE**
 CITY-ST-ZIP **LAKE WORTH FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

John Huston
SIGNATURE REQUIRED

1/17/02 941-263-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)