

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000004845

FILED
Jan 24, 2003
Secretary of State

Entity Name: UTILITY SAVERS, LLC

Current Principal Place of Business:

9600 KOGER BOULEVARD
SUITE 231
ST. PETERSBURG, FL 33702 US

Current Mailing Address:

THE KRESS BUILDING, SUITE M-8
475 CENTRAL AVENUE
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

445 DELMAR TERR S
SUITE 2
ST. PETERSBURG, FL 33701 US

New Mailing Address:

P. O. BOX 55488
ST. PETERSBURG, FL 33732-548 US

FEI Number: 61-1430763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASCARA, ERNEST L
THE KRESS BUILDING, SUITE M-8
475 CENTRAL AVENUE
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

DAVIS, WILLIAM L
445 DELMAR TERR S
SUITE 2
ST. PETERSBURG, FL 33701 US

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: WILLIAM L. DAVIS

01/24/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DAVIS, WILLIAM L III
Address: 9600 KOGER BOULEVARD, SUITE 231
City-St-Zip: ST. PETERSBURG, FL 33702 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DAVIS, WILLIAM L III
Address: 445 DELMAR TERR S, SUITE 2
City-St-Zip: ST. PETERSBURG, FL 33701 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM L. DAVIS III

MGRM

01/24/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date