

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
 03-02-2001 90115 012 ***150.00

DOCUMENT # L32399

1. Entity Name
COMPUTER UTILITY TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

**333 N FALKENBURG RD
 C302
 TAMPA FL 33619
 US**

**333 N FALKENBURG RD
 C302
 TAMPA FL 33619
 US**

2. Principal Place of Business

3. Mailing Address

**4137 Spring Way Circle
 Suite, Apt. #, etc.**

**4137 Spring Way Circle
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

Valrico FL

City & State

Valrico FL

4. FEI Number **59-2977136**

Applied For

Not Applicable

Zip

33594

Country

USA

Zip

33594

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLE, TIMOTHY A
 333 N. FALKENBURG RD.
 C302
 TAMPA FL 33619**

Name

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

4137 Spring Way Circle

City

Valrico

FL

33594

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

9. 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	COLE, TIMOTHY A.	
STREET ADDRESS	4137 SPRING WAY CIRCLE	
CITY-ST-ZIP	VALRICO FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	COLE, LINDA	
STREET ADDRESS	4137 SPRING WAY CIRCLE	
CITY-ST-ZIP	VALRICO FL	
TITLE		<input type="checkbox"/> Delete
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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 #

CR2E034 (10/00)