

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State
 01-19-2000 90095 036 ***150.00

DOCUMENT # M90084

1. Entity Name

EAST PASCO UTILITIES, INC.

Principal Place of Business

BETMAR UTILITIES INC.
9828 HWY 19
PORT RICHEY FL 34668
US

Mailing Address

BETMAR UTILITIES INC
P.O. BOX 370
PORT RICHEY FL 34673-0370
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2903565

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TURCO, EVE A.
12202 QUAIL RUN ROW
BAYONET POINT FL 34667-2331

7. Name and Address of New Registered Agent

Name **Jacqueline A. Turco**
 Street Address (P.O. Box Number is Not Acceptable)
6635 Hickorywood Lane
New Port Richey
 City **FL** Zip Code **34653**

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 **Jacqueline A. Turco, President**
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-6-2000
 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	D			<input checked="" type="checkbox"/>	President	Jacqueline A. Turco	6635 Hickorywood Lane	New Port Richey, FL-34653	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	TURCO, EVE A.	12202 QUAIL RUN ROW	BAYONET POINT FL	<input type="checkbox"/>		Vice President	Joseph L. Turco	6635 Hickorywood Lane	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>			New Port Richey, FL 34653		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>		Registered Agent	Jacqueline A. Turco	6635 Hickorywood Lane	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>			New Port Richey, FL-34653		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Jacqueline A. Turco

1-7-2000 727-845-3199

Date

Daytime Phone #