2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003
Secretary of State

DOCUMENT# N99000005561

Entity Name: FLORIDA UTILITY WATCH, INCORPORATED

Current Principal Place of Business:

8903 CRAWFORDVILLE RD.
TALLAHASSEE, FL 32310

New Principal Place of Business:

8903 CRAWFORDVILLE RD.
TALLAHASSEE, FL 32305

Current Mailing Address:

8903 CRAWFORDVILLE RD.
TALLAHASSEE, FL 32310

New Mailing Address:

8903 CRAWFORDVILLE RD.
TALLAHASSEE, FL 32305

FEI Number: 59-3621098 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TWOMEY, MICHAEL B
8903 CRAWFORDVILLE RD.
TALLAHASSEE, FL 32310

Name and Address of New Registered Agent:

TWOMEY, MICHAEL B
8903 CRAWFORDVILLE RD.
TALLAHASSEE, FL 32305

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: _____ 05/01/2003
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TWOMEY, MICHAEL B
Address: 8903 CRAWFORDVILLE RD
City-St-Zip: TALLAHASSEE, FL 323109160

Title: VD ( ) Delete
Name: PETERSON, FRANK H
Address: 4517 E SPRUCE DRIVE
City-St-Zip: DUNNELLON, FL 34434

Title: D ( ) Delete
Name: OEHMIG, RAWDY
Address: 8450 W RIVER GLADE CT
City-St-Zip: CRYSTAL RIVER, FL 34428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TWOMEY, MICHAEL B
Address: 8903 CRAWFORDVILLE RD
City-St-Zip: TALLAHASSEE, FL 323059160

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL B. TWOMEY PD 05/01/2003
Electronic Signature of Signing Officer or Director — Date