

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 21, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000062449**

1. Entity Name  
**CONNER UTILITY SERVICES INC.**

Principal Place of Business 4113 CROSSWATER DRIVE  TAMPA FL 33615	Mailing Address 4113 CROSSWATER DRIVE  TAMPA FL 33615
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State	3. Mailing Address  Suite, Apt. #, etc.  City & State
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DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number <b>59-3655614</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

CONNER ROY C  
 3943 CROSSWATER DRIVE  
  
 TAMPA FL 33615 US

**7. Name and Address of New Registered Agent**

Name  
 CONNER ROY C  
 Street Address (P.O. Box Number is Not Acceptable)  
 4113 CROSSWATER DRIVE  
  
 City TAMPA FL Zip Code 33615

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 **ROY C. CONNER**

**01/21/2001**

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	
TITLE D NAME GILBERT GERRY STREET ADDRESS 3943 VENETIAN DRIVE CITY-ST-ZIP TAMPA FL 33634	<input checked="" type="checkbox"/> Delete
TITLE D NAME GILBERT LINDA K STREET ADDRESS 3943 VENETIAN DRIVE CITY-ST-ZIP TAMPA FL 33634	<input type="checkbox"/> Delete
TITLE D NAME CONNER ROY C STREET ADDRESS 4113 CROSSWATER DRIVE CITY-ST-ZIP TAMPA FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MILLER DAVID L STREET ADDRESS 12361 WINDTREE BLVD. CITY-ST-ZIP SEMINOLE FL 33772	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Roy C. Conner**

**D** **01/21/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)