


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90380 021 ***150.00

DOCUMENT # <u>P00000087411</u>	
1. Entity Name <u>TOTAL Utility Solutions, Inc</u>	

DO NOT WRITE IN THIS SPACE

11038712

2. Principal Place of Business <u>10030 - 37th St.</u> <small>Suite, Apt. #, etc.</small> <u>PINELLAS PARK, FL</u>	3. Mailing Address <u>10030 - 37th St.</u> <small>Suite, Apt. #, etc.</small>
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4. FEI Number <u>59-3672064</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>Deborah A. LeFever</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>10030 - 37th St.</u>	
	City <u>PINELLAS PARK</u> FL	Zip Code <u>33782</u>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Deborah A. LeFever Deborah A. LeFever 5/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE <u>Pres.</u>	TITLE
NAME <u>Deborah A. LeFever</u>	NAME
STREET ADDRESS <u>10030-37th St. Pinellas Park</u>	STREET ADDRESS
CITY-ST-ZIP <u>FL 33782</u>	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE Deborah A. LeFever Deborah A. LeFever 727-420-9805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/1/03

CR2E034B (12/02)