

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

DOCUMENT # **PO1000050834**

1. Entity Name

**Middleton Utilities Company**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2947 Jamaica Drive**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Same**

DO NOT WRITE IN THIS SPACE

City & State

**Palm Beach Gardens FL**

City & State

Zip

**33410**

Country

**USA**

Zip

Country

4. FEI Number

**65-1109679**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Donna L. Middleton**

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

**2947 Jamaica Dr**

City

**Palm Beach Gardens**

FL

Zip Code

**33410**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Owner  
Donna Middleton  
2947 Jamaica Dr  
PBG, FL 33410**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Donna L.  
Middleton owner**

Date

Daytime Phone #

**000007073560--**  
**-08/13/02--01035--016**  
**\*\*\*\*150.00 \*\*\*\*150.00**

**DO NOT WRITE  
IN THIS SPACE**

DR2E034B (12/01)

**Set -  
746-  
3205**

**7/25/02**

# **Middleton Utilities Co.**

"Your Liftstation Specialist!"  
2947 JAMAICA DRIVE PALM BEACH GARDENS, FLORIDA 33410  
(561) 746-3205 FAX (561) 743-0579

June 25, 2002

Division of corporations  
P.O. Box 1500  
Tallahassee, Fl 32302-1500

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RE: UBR

Dear To Whom It May Concern:

Please accept my apology that this is late. I have been very sick and had operations and my son has had an operation were I have not been in the office or on top of money matters in the business. But upon my return my accountant informed me that your annual report along with your fee had not been taken care of. Therefore I am sending this to you in hopes that you will forgive the extra fee and make sure that I am on your mailing list for next year.

Please call me with any questions you might have concerning this matter, 561-746-3205.

I appreciate your concern and time in this matter.

Sincerely,



Donna L. Middleton  
President/Owner ~ MIDDLETON UTILITIES CO.