2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P01000060611

1. Entity Name

L.P. UTILITIES CORPORATION



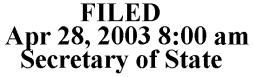
Principal Place of Business 129 SOUTH COMMERCE AVENUE

SEBRING FL 33870

Mailing Address

129 SOUTH COMMERCE AVENUE

SEBRING FL 33870



04-28-2003 90471 026 ***150.00



	Place of Business	3. Mailing Address	118	4 1807/1881 171 86101 11811 887/11 887/11 83/11	
Suite, Apt.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & Stat	PLACIO, FL	City & State PLACE	D. FL	4. FEI Number 65-1119153 Applied For Not Applicable	
^{Zip} つ3%5	Z Country	3386Z	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent	
- · · -		· · · · · · · · · · · · · · · · · · ·	Name		
MCCOLLUM & RINALDO, P.A.			Short Address (BO Book) and the state of the		
129 SOUTH COMMERCE AVENUE			Street Address (P.O. Box Number is Not Acceptable)		
SEBRING FL 33870					
OFDIGING 15 00010			<u> </u>		
			City	FL Zip Code	
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 .	Signature, typed or printed name of registered agent ar	nd title if applicable (NOTE: 9	Panistered Agent signat	ature required when reinstating) DATE	
	Signations, typed of printed name of registered agent at	no line il applicable. (NOTE. P	- Agent aignat	and required when temperating)	
F	ILE NOW!!! FEE IS \$150.00	}		9. Election Campaign Financing \$5.00 May Be	
	May 1, 2003 Fee will be \$550.00			Trust Fund Contribution.	
Make Check	Payable to Florida Department of	State			
10.	OFFICERS AND I	DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	Change Addition	
NAME	COZIER, R. ANTHONY		NAME		
STREET ADDRESS	1525 U.S. 27 SOUTH		STREET ADDRESS	100 Shoreling Dr.	
CITY-ST-ZIP	LAKE PLACID FL 33852		CITY-ST-ZIP	LAKE PLACIO, FL 33852	
TITLE	D .	☐ Delete	TITLE	Change Addition	
NAME	LOVELETTE, JOHN H		NAME	· ·	
STREET ADDRESS	38 HIDDEN HARBOUR		STREET ADDRESS	100 Shore LINE DR.	
CITY-ST-ZIP	LAKE PLACID FL 33852		CITY-ST-ZIP	LAKE PLACID, FL 3385Z	
TITLE	D	Delete- =	TITLE	Change Addition	
NAME	LOVELETTE, TERESA A		NAME		
STREET ADDRESS	38 HIDDEN HARBOUR		STREET ADDRESS	100 Short line Dr.	
CITY-ST-ZIP	LAKE PLACID FL 33852		CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	-	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			· Name	,	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	-	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	1	
CITY-ST-ZIP		_	CITY-ST-ZIP		

212. 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

863-699-1936