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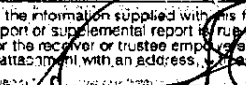
BHC

Mike DeMei

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90751 018 ***158.75

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000020157			
1. Entity Name UTILITY SYSTEMS CONSTRUCTION, INC.			
Principal Place of Business 1699 CR 249-A OXFORD, FL 34484		Mailing Address 107 NE 1ST AVENUE OCALA, FL 34470	
2. Principal Place of Business 1230 COMMONS CT		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CLERMONT FL		City & State	
Zip 34711	Country USA	Zip	Country
4. FEI Number 04-3612089		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$6.75		Additional Fee Required	
6. Name and Address of Current Registered Agent HUGHES, WILLIAM R 1699 CR 249-A OXFORD, FL 34484		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 _____ DATE _____ Signature, typed or printed name of registered agent or state if applicable (NOTE: Registered Agent signature required when re-registering)			
9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees 10. After May 1, 2004 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWARTZ, WILLIAM J 11045 CRESCENT BAY BLVD OXFORD, FL 34484 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 10809 ARROWTREE BLVD CLERMONT FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUGHES, WILLIAM R 1699 CR 249-A CLERMONT, FL 34711 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition OXFORD FL 34484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHWARTZ, LESA J 11045 CRESCENT BAY BLVD CLERMONT, FL 34711 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 10809 ARROWTREE BLVD CLERMONT-FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUGHES, MARIE A 1699 CR 249-A OXFORD, FL 34484 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(ii), 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, or other like empowered.			
SIGNATURE: 		352 William J. Schwartz 3/4/04-394-8656	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	