4/28/2004 15:31 BHC Mike DeMe

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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	Mailing Address
1699 CR 249-A OXFORD, FL 34484	107 NE 1ST AVENUE OCALA, FL 34470

2. Principal Place of Business	3. Mailing Address
1230 COMMONS CT	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLERMONT FL	City & State
Zip: 34711 Country: USA	Zip Country

01122004 Chg-P CR2E034 (10/03)

4. FEI Number: 04-3612089 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 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

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

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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

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 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.

SIGNATURE: William J. Schwartz 3/4/04 352-394-8656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #