

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91036 008 ***150.00

DOCUMENT # P02000101304

1. Entity Name
UTILITY CONSULTANTS OF AMERICA, INC.



Principal Place of Business
2700 W. ATLANTIC BLVD., SUITE 215
POMPANO BCH, FL 33069

Mailing Address
2700 W. ATLANTIC BLVD., SUITE 215
POMPANO BCH, FL 33069

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

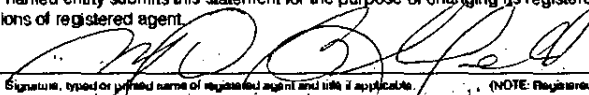
4. FEI Number
04-3715041

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SHAPIRO, MELVIN
2700 W. ATLANTIC BLVD., SUITE 215
POMPANO BCH, FL 33069

7. Name and Address of New Registered Agent
Name **BLUMENFELD, M.D.**
Street Address (P.O. Box Number is Not Acceptable)
2700 W. ATLANTIC BLVD
SUITE 215
City **POMPANO BEACH FL** Zip Code **33069**

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 registering) DATE

FILE NOW!!! FEE IS \$160.00
After May 1, 2003 Fee will be \$550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, MELVIN 2700 W. ATLANTIC BLVD., SUITE 215 POMPANO BCH, FL 33069 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRELL, MAUREEN 2700 W. ATLANTIC BLVD., SUITE 215 POMPANO BCH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D FARRELL, MAUREEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2700 W ATLANTIC BLVD SUITE 215 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D BLUMENFELD, M.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2700 W ATLANTIC BLVD SUITE 215 POMPANO BEACH, FL 33069
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  4/3/03 954 984-0495
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)