

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000109978

FILED
Sep 05, 2007
Secretary of State

Entity Name: UNDERGROUND UTILITY SERVICES, INC

Current Principal Place of Business:

17817 83RD PLACE NORTH
LOXAHATCHEE, FL 33470 US

New Principal Place of Business:

Current Mailing Address:

17817 83RD PLACE NORTH
LOXAHATCHEE, FL 33470 US

New Mailing Address:

FEI Number: 20-3267060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PUENTES, BENY
18645 41ST ROAD NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

PUENTES, BENY
17817 83RD PL N.
LOXAHATCHEE, FL 33470 US

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: _____

Electronic Signature of Registered Agent

09/05/2007

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PUENTES, BENY
Address: 18645 41ST ROAD NORTH
City-St-Zip: LOXAHATCHEE, FL 33470 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PUENTES, BENY
Address: 17817 83RD PL N.
City-St-Zip: LOXAHATCHEE, FL 33470 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENY PUENTES

P

09/05/2007

Electronic Signature of Signing Officer or Director

Date