

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000017379**

1. Entity Name

**UTOPIA DEVELOPMENT CORPORATION****FILED****Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90213 045 \*\*\*150.00

Principal Place of Business

Mailing Address

695 CENTRAL AVENUE, ST#207  
ST. PETERSBURG FL 33982  
US695 CENTRAL AVENUE, ST#207  
ST. PETERSBURG FL 33982  
US

2. Principal Place of Business

3. Mailing Address

695 Central Ave. #207

695 Central Ave., #207

Suite, Apt. #, etc. 33701  
St. Petersburg, FL

Suite, Apt. #, etc.

City &amp; State

City & State  
St. Petersburg, FLZip  
33701Country  
PinellasZip  
33701Country  
Pinellas

4. FEI Number

36-3524680

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLARD, WILLIAM  
124 PUNTA VISTA DR  
ST. PETERSBURG BEACH FL 33706

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ALLARD, WILLIAM 124 44TH AVENUE ST. PETERSBURG BEACH FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALLARD, William 124 PUNTA VISTA DRIVE ST. PETERSBURG BEACH, FL 33706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLORD, ERIK 695 CENTRAL #207 SAINT PETERSBURG FL 33701 <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
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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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William E. Allard 1-23-01 727-894-5002

Date

Daytime Phone #

CR2E034 (10/00)