

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P94000017379**

1. Entity Name  
**UTOPIA DEVELOPMENT CORPORATION**



**FILED**

2005 OCT 10 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
695 CENTRAL AVENUE, ST#107  
#207  
SAINT PETERSBURG, FL 33701 US

Mailing Address  
695 CENTRAL AVENUE, ST#107  
SAINT PETERSBURG, FL 33701 US



2. Principal Place of Business  
695 Central Ave  
Suite, Apt. #, etc.  
Suite 207  
City & State  
St. Petersburg, FL  
Zip  
33701

3. Mailing Address  
695 Central Ave  
Suite, Apt. #, etc.  
Suite 207  
City & State  
St. Petersburg, FL  
Zip  
33701

10062005 REIN-P CR2E098 (6/04)

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  
ALLARD, ERIK  
695 CENTRAL AVENUE STE 107  
ST. PETERSBURG BEACH, FL 33706

7. Name and Address of New Registered Agent  
Name  
Erik Allard  
Street Address (P.O. Box Number is Not Acceptable)  
695 Central Ave Ste 207  
City  
St. Petersburg FL Zip Code  
33701

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 Erik Allard DATE 10-06-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, Fee will be \$300.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALLARD, WILLIAM 695 CENTRAL AVE STE 107 SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	William Allard <input type="checkbox"/> Change <input type="checkbox"/> Addition 695 Central Ave Ste 207 St. Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLARD, ERIK 695 CENTRAL AVE STE 107 SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Erik Allard <input type="checkbox"/> Change <input type="checkbox"/> Addition 695 Central Ave Ste 207 St. Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700060460187 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/10/05--01081--004 **150.00
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
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: William Allard DATE 10/06/05 727-894-5002

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

10/12