

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**  
 05-03-2000 90103 020 \*\*\*158.75

**DOCUMENT # P94000034204**

1. Entity Name

**D & R UTILITIES INC.**

Principal Place of Business

Mailing Address

3040 HENRY SHELL RD  
 JAY FL 32565  
 US

PO BOX 237  
 JAY FL 32565-0237  
 US

950201



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4033 Hwy 4

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Jay FL 32565

City & State

City & State

4. FEI Number

59-3245522

Applied For

Not Applicable

Zip

32565

Country

US

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRICKLING, DYKES L  
 3040 HENRY SHELL RD  
 PO BOX 237  
 JAY FL 32565

Name

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

13012 Hwy 89

Jay, FL

City

FL

Zip Code

32565

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

*Dykes L Strickling*  
 Signature of registered agent or printed name of registered agent and title if applicable

Dykes L. Strickling President

DATE

1/13/2000

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	STRICKLING, DYKES L	
STREET ADDRESS	13012 HWY 89	
CITY-ST-ZIP	JAY FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	STRICKLING, RODNEY L	
STREET ADDRESS	3040 HENRY SHELL RD	
CITY-ST-ZIP	JAY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	STRICKLING, KEITH	
STREET ADDRESS	6353 HWY 4 6704 Martin Rd	
CITY-ST-ZIP	JAY FL Milton, FL 32570	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

*Keith Strickling*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

Date

1/13/00 (850) 675-2211

Daytime Phone #

CR2E034 (9/99)