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PROFIT CORPORATION... ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000035150**1. Corporation Name

UTOPIA SERVICES, INC.

## **FILED** Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90002 030 \*\*\*150.00



Principal Plac	e of Business	Mailing Address						
NAPLE FL 34105 NAPLES FI		2728 BUCKTHORN WAY NAPLES FL 34105			DO NOT WRITE IN TH	IIS SPACE		
US	•	US			3. Date Incorporated or Qualifed			l
					05/06/1994			
2 Principal P	Place of Business	2a. Mailing Address		<del></del> -	4. FEI Number	A	oplied For	95
24	and of Bankings	26			65-0493654	·No	ot Applicable	81.63
Suite, Apt.	# etc.	Suite, Apt. #, etc.		·		\$8.75	Additional	3
22		27			5. Certifcate of Status Desired	Fee Re	equired	j
City & Stat	te .	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year			
24	25	29	30		Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curren				10. Name and Address of New Register	ed Agent		ł
				81 Name .				ļ
	RRIS, WILLIAM G ESO			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	1.0		1
	N COLLIER BLVD						- 111237.45	
	TE 202			83				
MAF	RCO ISLAND FL 33937			84 City	「	85 * Zip	Code	1
				1	i de la companya de l	L   :	rest, i a si is is	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Sta	tutes, the a	bove-named corp	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its	; registered	
***** office or i	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was itions of, Section 607.0505,	s authonzet Florida Stat	utes.	on's board of directors. Thereby accept the ap	pointment as re	,giotor o o	
SIGNATURE	The second of th	Late Control of the said						
SIGNATURE	Signature, typed or printed name of registered ager			Agent signature require	d when reinstating) DATE			l 🧟
12.	··	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12 ☐ Addition	96
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NAME .	PALONE, FRED K		1.2 N	ì				F034
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CITY-ST-ZIP	NAPLES FL							۾
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14. 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 annual report or supplemental annual 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 12 or Block 13 if chapter, or on an attachment with an address, with all other like empowered.

1-14-99 Date