

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000060564

1. Entity Name  
**BRADEN RIVER UTILITIES, INC.**

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90014 011 \*\*\*158.75

Principal Place of Business  
**6215 LORRAINE RD  
BRADENTON FL 34202**

Mailing Address  
**6215 LORRAINE RD  
BRADENTON FL 34202**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0592970** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**CHIOFALO, ANTHONY J  
7550 LORRAINE ROAD  
BRADENTON FL 34202**

7. Name and Address of New Registered Agent  
Name  
**Chiofalo, Anthony**  
Street Address (P.O. Box Number is Not Acceptable)  
**6215 Lorraine Rd.**  
City  
**Bradenton** FL Zip Code  
**34202**

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 DATE **4/6/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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                      | <b>P</b>                  | <input type="checkbox"/> Delete | TITLE   | <b>V</b>                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>JENSEN, REX</b>        |                                 | NAME  | <b>Jensen, Rex</b>         |  |
| STREET ADDRESS             | <b>6215 LORRAINE RD</b>   |                                 | STREET ADDRESS  | <b>6215 Lorraine Rd.</b>   |  |
| CITY-ST-ZIP                | <b>BRADENTON FL</b>       |                                 | CITY-ST-ZIP   | <b>Bradenton, FL 34202</b> |  |
| TITLE                      | <b>VP</b>                 | <input type="checkbox"/> Delete | TITLE   | <b>D/V</b>                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CLARKE, JOHN</b>       |                                 | NAME  | <b>Clarke, John</b>        |  |
| STREET ADDRESS             | <b>7550 LORRAINE RD</b>   |                                 | STREET ADDRESS  | <b>6215 Lorraine Rd.</b>   |  |
| CITY-ST-ZIP                | <b>BRADENTON FL</b>       |                                 | CITY-ST-ZIP   | <b>Bradenton, FL 34202</b> |  |
| TITLE                      | <b>ST</b>                 | <input type="checkbox"/> Delete | TITLE   | <b>S/T</b>                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CHIOFALO, ANTHONY</b>  |                                 | NAME  | <b>Chiofalo, Anthony</b>   |  |
| STREET ADDRESS             | <b>7550 LORRAINE RD</b>   |                                 | STREET ADDRESS  | <b>6215 Lorraine Rd.</b>   |  |
| CITY-ST-ZIP                | <b>BRADENTON FL</b>       |                                 | CITY-ST-ZIP   | <b>Bradenton, FL 34202</b> |  |
| TITLE                      | <b>VP</b>                 | <input type="checkbox"/> Delete | TITLE   |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>MARTIN, TIM</b>        |                                 | NAME  |                            |  |
| STREET ADDRESS             | <b>6215 LORRAINE RD</b>   |                                 | STREET ADDRESS  |                            |  |
| CITY-ST-ZIP                | <b>BRADENTON FL 34202</b> |                                 | CITY-ST-ZIP   |                            |  |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE   | <b>P</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                           |                                 | NAME  | <b>Danahy, Tom</b>         |  |
| STREET ADDRESS             |                           |                                 | STREET ADDRESS  | <b>6215 Lorraine Rd.</b>   |  |
| CITY-ST-ZIP                |                           |                                 | CITY-ST-ZIP   | <b>Bradenton, FL 34202</b> |  |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE   |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                           |                                 | NAME  |                            |  |
| STREET ADDRESS             |                           |                                 | STREET ADDRESS  |                            |  |
| CITY-ST-ZIP                |                           |                                 | 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: **Anthony Chiofalo, Secretary** Date **4/6/01** Daytime Phone # **755 1637**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)