

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000046456**

1. Entity Name

UTILITIES, INC. OF LONGWOOD**FILED**
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90269 044 ***150.00

0567186

Principal Place of Business 200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS FL 32714	Mailing Address 2335 SANDERS RD NORTHBROOK IL 60062 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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C0053304



DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4034620	Applied For
	Not Applicable

6. Name and Address of Current Registered Agent RASMUSSEN, DONALD 200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS FL 32714	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																																																
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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
Andrew Dopuch
Date **4/26/01** Daytime Phone # **847-498-6440**

CR2E034 (10/00)