

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90044 033 ***150.00

DOCUMENT # P95000053029

1. Entity Name
BUDGET UTILITY SERVICES INC.

Principal Place of Business

5625 VERNA BLVD
JACKSONVILLE FL 32219
US

Mailing Address

P.O. BOX 62285
JACKSONVILLE FL 32219

2. Principal Place of Business

7577 Plummer Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

JAX. Fla.

City & State

Zip Country

32219 USA

4. FEI Number 59-3320872

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, DAVID E
5625 VERNA BLVD
JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent

Name David E. Johnson
Street Address (P.O. Box Number is Not Acceptable) 7577 Plummer Rd.
City JAX. FL Zip Code 32219

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** _____
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. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE D ☐ **Delete**
NAME JOHNSON, DAVID E
STREET ADDRESS 8081 NORMANDY BLVD., #6
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **Change** ☐ **Addition**
NAME Johnson David E.
STREET ADDRESS 7577 Plummer Rd.
CITY-ST-ZIP JAX., Fla. 32219

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **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: *David E. Johnson* **DAVID E. Johnson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-02 **904-765-0360**
Date Daytime Phone #

CR2E034 (9/01)