


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90082 027 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000061183</b>					
1. Corporation Name <b>UTILITIES, INC OF EAGLE RIDGE</b>					
<b>026198</b>					
Principal Place of Business <b>200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS FL 32714</b>			Mailing Address <b>2335 SANDERS RD. NORTHBROOK IL 60062</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business <b>21</b>			2a. Mailing Address <b>26</b>		
Suite, Apt. #, etc. <b>22</b>			Suite, Apt. #, etc. <b>27</b>		
City & State <b>23</b>			City & State <b>28</b>		
Zip <b>24</b>			Country <b>25</b>		
Country <b>25</b>			Zip <b>29</b>		
Country <b>25</b>			Country <b>30</b>		
9. Name and Address of Current Registered Agent <b>RASMUSSEN, DONALD 200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS FL 32714</b>			10. Name and Address of New Registered Agent <b>81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL</b>		
11. Pursuant to the provisions of Sections 607.0501 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
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SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Andrew Dopuch

Date

Daytime Phone #

CR2E034 (11/98)