2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000066855 1. Entity Name							FILED Apr 04, 2000 8:00 am					
DACRE BROTHERS UTILITIES, INC.						Apr 04, 2000 8:00 am Secretary of State						
	e of Business	Mailing Address					04-04-2000 9					
Principal Place of Business 340 PICKERING COURT		340 PICKERING COURT										
Longwood Fl	_ 32779	LONGWOOD FL 32779-4524					6	9 9 V	រ 🎝			
2. Principal Place of Business 3. Mailing Address												
Suite, Apt. #, etc.		Suíte, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State		City & State			4. F	El Number				plied For	]	
Zip Country		Zip	try			59-3338557		No 8.75 Add	t Applicable	1		
	6. Name and Address of Current Re					Status Desired	É É	ee Required		ļ		
				Name				<u></u>				
DACRE, ARTHUR 340 PICKERING COURT LONGWOOD FL 32779				Street Addre	Street Address (P.O. Box Number is Not Acceptable)							
				City				FL	Zip Code	•	1	
8. The above	named entity supplits this statement for th	he purpose of changing its	registere	ed office or reg	istered age	ent, or both, i	in the State of Flori	da.	L		1	
	1 Mh a		-					- 177	<u></u>			
0 TI:	Signature, typed or printed name of registered agent and	FILE NOW!		d Agent signature red	quired when re	instating)		DATE			4	
<ul> <li>9. This corporation is eligible to satisfy its Intangible</li> <li>Tax filing requirement and elects to do so.</li> <li>(See criteria on back)</li> </ul>		After MAY 1, 20 Make Check Payab	will be \$550.	State	Trust I	on Campaign Fina Fund Contribution.		Added	O May Be to Fees			
11. TITLE	OFFICERS AND DI		12. TITLE		AD	DITIONS/CH	ANGES TO OFFIC		DIRECTORS	S IN 11	66	
NAME STREET ADDRESS CITY-ST-ZIP	DACRE, ARTHUR 340 PICKERING COURT LONGWOOD FL 32779			e :et address -st-zip							2E034 (9/99)	
TITLE			TITLE					 	Change	Addition	CR2	
STREET ADDRESS			STRE	ET ADDRESS - ST- ZIP								
TITLE		Delete	TÍTL! NAM						Change -	Addition	-	
STREET ADDRESS				ET ADDRESS - ST- ZIP								
TITLE	•	Delete	TITLE						🗌 Change	Addition	1	
NAME STREET ADDRESS			STRE	ET ADDRESS								
CITY-ST-ZIP TITLE		Delete	τητι						Change	Addition	1	
NAME STREET ADDRESS				ET ADDRESS							ļ	
CITY-ST-ZIP TITLE	···	Delete	CITY	-ST-ZIP					Change	Addition	1	
NAME STREET ADDRESS			NAM	E EET ADORESS					·			
CITY-ST-ZIP 13. I hereby c	certify that the information supplied with		the exe	mption stated i	in Section	119.07(3)(i), I	Florida Statutes. 1	further certil	y that the ir	nformation	1	
indicated of the cor	on this report or supplemental report is to poration or the receiver or trusted error.	ie and acculate and that m	iv signa	ture shall have.	the same l	egal effect a	s if made under oa	ath: that I an	n an officer Block 11 or	or director Block 12 if		
SIGNAT	URE: _	the AR	7.1	JR_ ])/	ren		3-220	407		7600	<b>)</b>	
		TED NAME OF SIGNING OFFICER	OR DIRECT	TOR CON			Date	Day	time Phone #		1	