

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91566 048 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P 96000009863

1. Entity Name

Utility Management, Inc.

643902

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

500 Fedhaven Circle

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 8317

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fedhaven, FL

City & State

Fedhaven, FL

4. FEI Number

59-3407002

Applied For

Not Applicable

Zip

33854

Country

USA

Zip

33854

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Mark R. Rubin

Street Address (P.O. Box Number is Not Acceptable)

777 Arthur Godfrey Rd.

City

Miami Beach

FL

Zip Code

33140

**DO NOT WRITE  
IN THIS SPACE**

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 reconstituting)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
Rubin, Mark R  
777 Arthur Godfrey Rd  
Miami Beach, FL 33140

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
Andrews, Robert M  
5032 Brandywine Way  
Stuart, FL 34997

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
Dooley, Richard  
207 Lake St.  
Evanston, IL 60201

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
Giovanna, Charles Di  
64 W. Brother Dr.  
Greenwich, CT 06830

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, such as e-mail, like empowered.

SIGNATURE:

Mark R. Rubin

4/23/02

304-538-4314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)