

2002 UNIFORM BUSINESS REPORT (UBR)

0516626 AV

DOCUMENT # P96000019443

1. Entity Name
UTILITY SERVICES GROUP INC.

Principal Place of Business

4837 SWIFT RD.
SUITE 100
SARASOTA FL 34231

Mailing Address

4837 SWIFT RD.
SUITE 100
SARASOTA FL 34231

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

65-0656254

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURPHY, MICHAEL E
4837 SWIFT RD.
SUITE 100
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)



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	V	<input type="checkbox"/> Delete
NAME	DASZYNSKI, LARRY E	
STREET ADDRESS	2140 GULF GATE DR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAZIANO, LEONARD F	
STREET ADDRESS	580 VIRGINIA DRIVE 300	
CITY-ST-ZIP	FORT WASHINGTON PA 19034	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATEL, MEG	
STREET ADDRESS	16337 PARK ROW	
CITY-ST-ZIP	HOUSTON TX 77084	
TITLE	PDC	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, GERALD S	
STREET ADDRESS	4837 SWIFT ROAD, SUITE #100	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	MURPHY, MICHAEL E	
STREET ADDRESS	4837 SWIFT RD. #100	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHUBBUCK, ANITA J	
STREET ADDRESS	4837 SWIFT RD. #100	
CITY-ST-ZIP	SARASOTA FL 34231	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200005491342	
STREET ADDRESS	-05/08/02--01025--021	
CITY-ST-ZIP	****213.75 ****158.75	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAAS, DANA A	
STREET ADDRESS	580 VIRGINIA DRIVE #300	
CITY-ST-ZIP	FORT WASHINGTON PA 19034	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Michael E. Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael E. Murphy

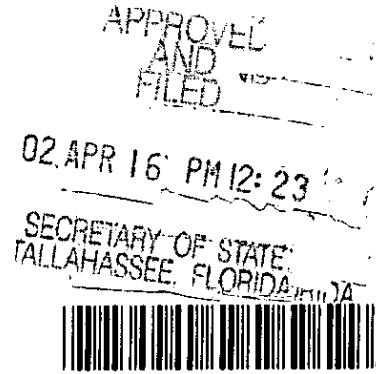
4-1-02

941-925-3088

Date

Daytime Phone #

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE

