

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90138 036 ***158.75

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0656254**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. 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	C	<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	PD	<input type="checkbox"/> Delete
NAME	KAAS, DANA A	
STREET ADDRESS	580 VIRGINIA DRIVE #300	
CITY-ST-ZIP	FORT WASHINGTON PA 19034	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 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

2-26-03

941-925-3088

Date

Daytime Phone #

CR2E034 (10/02)