

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 14, 2001 8:00 am**  
**Secretary of State**

04-14-2001 90003 032 \*\*\*150.00

**DOCUMENT # P96000099488**

1. Entity Name

**UTILITY CONSTRUCTION, INC.**

Principal Place of Business

**3067 EAST COMMERCIAL BLVD., SUITE 202  
FT. LAUDERDALE FL 33308**

Mailing Address

**11985 SOUTHERN BLVD  
180  
ROYAL PALM BEACH FL 33411**

2. Principal Place of Business

**6304 180TH AVENUE NORTH**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**LOXAHATCHEE, FL**

City &amp; State

4. FEI Number **65-0721642**

Applied For

Not Applicable

Zip

**33470**

Country

**US**

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRAPANI, CHRISTOPHER M ESQ.  
C/O BRINKLEY, MCNERNEY, ET AL.  
200 E. LAS OLAS BLVD., STE. 1800  
FT. LAUDERDALE FL 33301**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<b>P</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>DOBSON, JAMES L</b>	
CITY-ST-ZIP	<b>3067 E. COMMERCIAL BLVD., #202 FT. LAUDERDALE FL</b>	
TITLE NAME	<b>ST</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>DOBSON, MARCIA</b>	
CITY-ST-ZIP	<b>3067 EAST COMMERCIAL BLVD #202 FORT LAUDERDALE FL 33301</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>6304 180TH AVENUE NORTH</b>	
CITY-ST-ZIP	<b>LOXAHATCHEE, FL 33470</b>	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>6304 180TH AVENUE NORTH</b>	
CITY-ST-ZIP	<b>LOXAHATCHEE, FL 33470</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *James L. Dobson*

JAMES L. DOBSON

04/10/01

Date

954-398-3848

Daytime Phone #

CR2E034 (10/00)