2000	UNIFORM BU	ISINESS REPO	RT (UBI	<b>?</b> )	FII I	r <b>D</b>	
DOCUMENT # P98000065504  1. Entity Name					FILED Mar 24, 2000 8:00 am		
CENTER	LINE UTILITIES, INC.				Secretary 03-24-2000 90069		
Principal Place of Business Mailing Address					•		
C/O KENT HUF 223 SUNSET A PALM BEACH F	VE. STE 130 10 20 11 11 11 11 11 11 11 11 11 11 11 11 11	C/O KENT HUFFMAN, ES 223 SUNSET AVE.: STE 13 PALM BEACH FL 33480-38	30 a - 11 a 1 a 4 a 4 a 4	or the state of	*	a ans: Anti thin de	10 <b>015</b> 1 1 <b>00</b> 1
	lace of Business	3. Mailing Address					
Suite, Apt.	Coral Way		1260 Coral Way Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State Riviera Beach, FL		City & State Riviera Be	City & State Riviera Beach, FL		FEI Number 65-0849488		plied For t Applicable
Zip 33404	Country USA	<sup>Zip</sup> 33404	Country USA	5.	. Certificate of Status Desired	\$8.75 Add Fee Required	
	6. Name and Address of Cu	rrent Registered Agent	Name	7.	Name and Address of New Registere	ed Agent	
223	FMAN, KENT SUNSET AVE, STE 130 M BEACH FL 33480		City	ddress (P.O. 1260	Chesney Box Number is Not Acceptable) Coral Way  Beach	L Zip Cod 3340	
8. The above	named shift submits his statem	Fred Chesney/	s registered office or	registered a	agent, or both, in the State of Florida.	/13/00	
Tax filing r	oration is eligible to satisfy its Intar equirement and elects to do so. ria on back)	After MAY 1, 2	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		10. Election Campaign Financing Trust Fund Contribution.	\$5.0 Added	<b>0</b> May Be I to Fees
11.	OFFICERS	AND DIRECTORS	12.	/	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHESNEY, FREDRICK H 223 SUNSET AVE		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD X Change Addition Chesney, Fredrick H 1260 Coral Way Riviera Beach, FL 33404			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Delete TI CHESNEY, MARGUERTTE N. 223 SUNSET AVE		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Chesi 1260			
TITLE NAME  STREET ADDRESS CITY-ST-ZIP		Delete T	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	- Addition
TITLE		☐ Delete	TITLE	,		☐ Change	Addition

NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP .CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 of tristee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

CITY-ST-ZIP

CITY-ST-ZIP