## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## DOCUMENT #

P98000067573

1. Entity Name

B & S UTILITIES, INC.

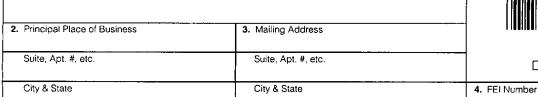


Principal Place of Business 3214 OLD BAINBRIDGE RD TALLAHASSEE FL 32301

Mailing Address

3214 OLD BAINBRIDGE RD

TALL	AHAS	SEE	FL	32301





04-29-2003 90040 049 \*\*\*150.00



DATE

59-3525713

Zip	Country	Zip	Coun	try	5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Nan	ne and Address of Curi	rent Registered Agent			7. Name and Address of New R	egistere	d Agent
•		The second second	. Topic Carlotte Carlotte	Name	TO STATE AND	<del></del>	
ATKINSON, WILLIAM A		•					
				Street Address (	P.O. Box Number is Not Acceptable	)	
3214 OLD BAINBRIDGE RD							
TALLAHASSEE FL:	32301				•		
				l Citv			■ 1 Zin 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	 

FILE NOW!!! FEE IS \$150.00

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

(NOTE: Registered Agent signature required when reinstating)

## 9. Election Campaign Financing

\$5.00 May Be

Applied For

Not Applicable

	Repair Payable to Florida Department of State				Trust Fund Contribution.		dded to Fees
10.	0. OFFICERS AND DIRECTORS		11.	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			FORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ATKINSON, SHELLEY S 3214 OLD BAINBRIDGE RD TALLAHASSEE FL 32301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	nge 🗖 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ATKINSON, WILLIAM 3214 OLD BAINBRIDGE RD TALLAHASSEE FL 32301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	nge 🗌 Addition
NAME STREET ADDRESS CITY-ST-ZIP	ಎಂದು ತಿರುವನಿಗಳ ಸ್ಥಾಪಕ್ಕ	Delete	NAME STREET ADDRESS CITY-ST-ZIP	سيد	. A state of state of the state	Cha	nge Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Char	ge 🔲 Addition

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.