

DOCUMENT # P98000098793
1. Entity Name
UTILITEK OF CENTRAL FLORIDA, INC.

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90047 035 ***150.00

Principal Place of Business
2718 DOBBIN DRIVE
ORLANDO FL 32817

Mailing Address
2718 DOBBIN DRIVE
ORLANDO FL 32817

2. Principal Place of Business
4660 EAGLEWOOD DR.
Suite, Apt. #, etc.

3. Mailing Address
4660 EAGLEWOOD DR.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number 59-3547998
Applied For
Not Applicable

Zip 32817
Country USA

Zip 32817
Country USA

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

6. Name and Address of Current Registered Agent
MAGILL, PATRICK M ESQUIRE
2110 EAST ROBINSON STREET
ORLANDO FL 32803

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, 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

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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: Steve Baker STEVE BAKER 1/3/01 407-672-0286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)