

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062377

1. Entity Name

ENGINEERED UTILITIES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90175 011 ***150.00

Principal Place of Business

Mailing Address

17791 SABAL PALM DR.
N. FT. MYERS FL 33917

17791 SABAL PALM DR.
N. FT. MYERS FL 33917-2220

2. Principal Place of Business

17791 Sabal Palm Dr

Suite, Apt. #, etc.

3. Mailing Address

17791 Sabal Palm Dr

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

N. Ft. Myers, FL

Zip
33917

Country

USA

City & State

N. Ft. Myers, FL

Zip
33917

Country

USA

4. FEI Number

65-0926315

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONTGOMERY, CHERYL
17791 SABAL PALM DR.
N. FT. MYERS FL 33917

7. Name and Address of New Registered Agent

Name

Same

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

Cheryl Montgomery

4/25/00

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, 2000 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. ~~President~~ OFFICERS AND DIRECTORS

~~TITLE: President~~
~~NAME: Monty L. Montgomery~~
~~STREET ADDRESS: 17791 Sabal Palm Dr~~
~~CITY-ST-ZIP: N. Ft. Myers, FL 33917~~

~~TITLE: Secretary~~
~~NAME: Cheryl Montgomery~~
~~STREET ADDRESS: 17791 Sabal Palm Dr~~
~~CITY-ST-ZIP: N. Ft. Myers, FL 33917~~

~~TITLE:~~
~~NAME:~~
~~STREET ADDRESS:~~
~~CITY-ST-ZIP:~~

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~~CITY-ST-ZIP:~~

~~TITLE:~~
~~NAME:~~
~~STREET ADDRESS:~~
~~CITY-ST-ZIP:~~

12. ~~Same~~ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

~~TITLE:~~
~~NAME: Monty L. Montgomery~~
~~STREET ADDRESS: 17791 Sabal Palm Dr~~
~~CITY-ST-ZIP: N. Ft. Myers, FL 33917~~

~~TITLE: S.~~
~~NAME: Cheryl Montgomery~~
~~STREET ADDRESS: 17791 Sabal Palm Dr~~
~~CITY-ST-ZIP: N. Ft. Myers, FL 33917~~

~~TITLE:~~
~~NAME:~~
~~STREET ADDRESS:~~
~~CITY-ST-ZIP:~~

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~~CITY-ST-ZIP:~~

~~TITLE:~~
~~NAME:~~
~~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:

Cheryl Montgomery
Secretary

4/25/00

(941) 543-7167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)