

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 218710

1. Entity Name
NEW SMYRNA PLUMBING SUPPLIES INC

Principal Place of Business
1232 CANAL STREET
P.O. BOX 618
NEW SMYRNA BEACH FL 32168-8508

Mailing Address
1232 CANAL STREET
P.O. BOX 618
NEW SMYRNA BEACH FL 32168-8508

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-0863298

Applied For
Not Applicable

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

MORGAN, VIRGINIA L.
1232 CANAL STREET
P.O. BOX 618
NEW SMYRNA BEACH FL 32168

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, 2002 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 PD
NAME MORGAN, VIRGINIA L.
STREET ADDRESS 1232 CANAL STREET
CITY-ST-ZIP NEW SMYRNA BCH. FL. ☐ Delete

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

TITLE VPD
NAME LYNN, T. MORGAN, II
STREET ADDRESS 1232 CANAL STREET
CITY-ST-ZIP NEW SMYRNA BCH. FL. ☐ Delete

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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: Virginia L. Morgan VIRGINIA L. MORGAN 3/14/2002 386-428-2704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90178 037 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)