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## 2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee changed, or on an attachment with an add

SIGNATURE:

## Jul 17, 2001 8:00 am DOCUMENT # 507064 **Secretary of State** 1. Entity Name 07-17-2001 90004 040 \*\*\*550.00 THARP PLUMBING SYSTEMS, INC. Principal Place of Business Mailing Address 625 WILMER AVE. 625 WILMER AVE. ORLANDO FL 32808 ORLANDO FL 32808 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State · City & State 4. FEI Number Applied For 59-1674469 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required ~ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THARP, JAMES W. JR. Street Address (P.O. Box Number is Not Acceptable) **625 WILMER AVENUE** ORLANDO FL 32808 Zip Code FL 8. The wove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE ☐ Addition THARP, JAMES W., JR NAME NAME STREET ADDRESS 3076 TOTIKA COVE STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME OSBORN, PAUL F. JR. NAME STREET ADDRESS 1416 YATES ST STREET ADDRESS CITY-ST-ZIP ORLANDO FL .. CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition OLIPHANT, ERIC R NAME STREET ADDRESS 30238 HUNSTAUNTON DR STREET ADDRESS CITY-ST-ZIP SORRENTO FL 32776 CITY-ST-ZIP Delete TITLE Change ☐ Addition WAYLANDER, E ELIZABETH NAME NAME STREET ADDRESS 9317 COMEAU STREET STREET ADDRESS CITY-ST-ZIP GOTHA FL 34734 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition Horn, David T. NAME NAME 5200 Kati Lynn Drive STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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