

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90030 026 ***150.00

DOCUMENT # **L45036**

1. Entity Name

ST. PETERSBURG PLUMBING SERVICES, INC.

Principal Place of Business

Mailing Address

735 VALENCIA DR S
 LARGO FL 33778
 US

P O BOX 1329
 LARGO FL 33779-1329

00020025



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2987073**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

FEHRENBACH, DAVID J.
 6500-47TH ST. N.
 STE. 6
 PINELLAS PARK FL 33781

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 *David J. Fehrenbach* President 2-8-00

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. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	FEHRENBACH, DAVID J.	
STREET ADDRESS	6500-47TH ST. N., STE. 6	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	HINCKLEY, BRUCE M.	
STREET ADDRESS	6500-47TH ST. N., STE. 6	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SCHEMERA, MICHAEL	
STREET ADDRESS	6500-47TH ST., N. STE. 6	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	AUDET, K J	
STREET ADDRESS	735 VALENCIA DR S	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	T	<input type="checkbox"/> Delete
NAME	David J. Fehrenbach Jr.	
STREET ADDRESS	735 Valencia Dr. S.	
CITY-ST-ZIP	Largo, FL 33778	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	735 Valencia Dr. S.	
CITY-ST-ZIP	Largo, FL 33778	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelly Jo Fehrenbach	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Kelly Jo Fehrenbach* 2-8-00 722-585-1808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kelly Jo Fehrenbach

CR2E034 (9/99)