

2000 UNIFORM BUSINESS REPORT (UBR)

S/

FILED
Jul 06, 2000 8:00 am
Secretary of State

05-31-2000 90103 039 ***550.00

DOCUMENT # P047BT
 1. Entity Name
BRIGGS PLUMBING PRODUCTS, INC.

Principal Place of Business Mailing Address
4350 W CYPRESS ST STE #800 4350 W. CYPRESS ST. #800
TAMPA FL 33607 TAMPA, FL 33607

2. Principal Place of Business 3. Mailing Address
4350 W. CYPRESS ST SAME
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 800
 City & State City & State
TAMPA FL
 Zip Country Zip Country
33607 USA

4. FEI Number 59-3497978 Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CT CORPORATION
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	<u>PRESIDENT</u> <input type="checkbox"/> Delete
NAME	<u>DANIEL UMBS</u>
STREET ADDRESS	<u>4350 W. CYPRESS ST STE 800</u>
CITY-ST-ZIP	<u>TAMPA FL 33607</u>
TITLE	<u>VICE PRESIDENT</u> <input type="checkbox"/> Delete
NAME	<u>DIEGO FERNANDEZ</u>
STREET ADDRESS	<u>4350 W. CYPRESS ST. STE 800</u>
CITY-ST-ZIP	<u>TAMPA, FL 33607</u>
TITLE	<u>TREASURER</u> <input type="checkbox"/> Delete
NAME	<u>JORGE MERDANE</u>
STREET ADDRESS	<u>4350 W. CYPRESS ST STE 800</u>
CITY-ST-ZIP	<u>TAMPA, FL 33607</u>
TITLE	<u>SECRETARY</u> <input type="checkbox"/> Delete
NAME	<u>JOHN P. WARD</u>
STREET ADDRESS	<u>4350 W. CYPRESS ST. STE 800</u>
CITY-ST-ZIP	<u>TAMPA, FL 33607</u>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: John P. Ward 6/29/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)