

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000040509

1. Entity Name

COURTNEY PLUMBING, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90028 006 ***158.75

Principal Place of Business
13607 SOUTHERIDGE INDUSTRIAL
TRAVRES FL 32778
US

Mailing Address
13607 SOUTHERIDGE INDUSTRIAL
TRAVRES FL 32778
US

2. Principal Place of Business
28220 County Road 561

3. Mailing Address
28220 County Road 561

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAVARES, FL.

City & State
TAVARES, FL

Zip

Country

Zip

Country

4. FEI Number 59-3240982

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

7. Name and Address of New Registered Agent

COURTNEY, SCOTT E
12201 S. PUTNEY COURT
LEESBURG FL 34788

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 Scott Courtney PRES. DATE 1/25/00

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. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|--|--|---------------------------------|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COURTNEY, SCOTT E 12201 S. PUTNEY COURT LEESBURG FL 34788 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COURTNEY, HERBERT F 27936 LOIS DR TAVARES FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COURTNEY, SUSAN 27936 LOIS DR TAVARES FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00

Date

Daytime Phone #

CR2E034 (9/99)