

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90028 039 ***150.00

DOCUMENT # P95000088522

1. Entity Name

D&S PLUMBING COMPANY, INC.

Principal Place of Business

Mailing Address

3182 GATEWAY LANE
 CANTONMENT FL 32533
 US

3182 GATEWAY LANE
 CANTONMENT FL 32533-5830
 US

00010414



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 **59-3343126**

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

BRUCE, ROBERT C
544 MILESTONE BLVD.
CANTONMENT FL 32533

Name **BRUCE, WILLIAM S.**
 Street Address (P.O. Box Number is Not Acceptable)
204 MAJESTIC CT
 City **PENSACOLA** FL Zip Code **32534**

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

1-4-00

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	P	<input type="checkbox"/> Delete
NAME	BRUCE, ROBERT C.	
STREET ADDRESS	544 MILESTONE BLVD.	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRUCE, WILLIAM S	
STREET ADDRESS	204 MAJESTIC CT	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRUCE, ALICE M.	
STREET ADDRESS	544 MILESTONE BLVD.	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SILCOX, THOMAS D.	
STREET ADDRESS	1092 TROUBLE LANE	
CITY-ST-ZIP	CANTONMENT FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	BRUCE, Robert C	
STREET ADDRESS	544 MILESTONE BLVD	
CITY-ST-ZIP	CANTONMENT, FL 32533	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	BRUCE, WILLIAM S.	
STREET ADDRESS	204 MAJESTIC CT	
CITY-ST-ZIP	PENSACOLA, FL 32534	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor
NAME	NICHOLAS, JERRY J	
STREET ADDRESS	4341 STEPHENS ROAD	
CITY-ST-ZIP	PACE, FL 32571	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
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 authority like empowered.

SIGNATURE:

Robert C. Bruce
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-00 850-857-0071