

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011083

1. Entity Name

P & T PLUMBING, INC.

FILED

Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90013 017 ***150.00

Principal Place of Business

P & T PLUMBING INC
PO BOX 13371
MEXICO BEACH FL 32410
US

Mailing Address

P.O. BOX 13371
MEXICO BEACH FL 32410-3371

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3364221

Applied For

Not Applicable

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

STOMP, PATRICK J
205 VIRGINIA AVE
MEXICO BEACH FL 32410

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

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	P	☐ Delete
NAME	STOMP, PATRICK	
STREET ADDRESS	254 PINE ST	
CITY-ST-ZIP	ST JOE BEACH FL	
TITLE	VP	☐ Delete
NAME	STOMP, TRACIE	
STREET ADDRESS	254 PINE ST	
CITY-ST-ZIP	ST JOE BEACH FL	
TITLE	AS	☒ Delete
NAME	MADRID, VINI	DECEASED
STREET ADDRESS	1619 MONUMENT AVE APT 1A	
CITY-ST-ZIP	PORT ST JOE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

Patrick Stomp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/00
Date

850-647-8947
Daytime Phone #

CR2E034 (9/99)

96000011082

Attachment
00042834

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY
FLORIDA

LOCAL FILE NO 000261

7-10
PRINT IN
PERMANENT
BLACK INK

1. DECEDENT'S NAME		2. SEX	
FIRST MIDDLE LAST		Male	
3. DATE OF DEATH (Month, Day, Year)		4. SOCIAL SECURITY NUMBER	
February 1, 2000		333-84-0096	
5. DATE OF BIRTH (Month, Day, Year)		6. AGE (Last 8 Years, Months, Days)	
January 18, 1960		40	
7. BIRTHPLACE (City and State or Foreign Country)		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)	
Guatemala		No	
9. PLACE OF DEATH (Check only one - see instructions on other side)		10. WAS DE CITY, TOWNSHIP (Yes or No)	
HOSPITAL - ☐ ER/Outpatient ☒ SOA ☐ OTHER ☐ (Specify)		Yes	
11. FACILITY NAME (If not institution, give Street and Number)		12. CITY, TOWN, OR LOCATION OF DEATH	
Bay Medical Center		Panama City	
13. COUNTY OF DEATH		14. DECEASED'S USUAL OCCUPATION	
Bay		Plumber	
15. DECEASED'S BUSINESS/INDUSTRY		16. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	
Commercial		Married	
17. RESIDENCE - STATE		18. SURVIVING SPOUSE (If wife, give maiden name)	
Florida		Pamela Stomp	
19. COUNTY		20. STREET AND NUMBER	
Bay		203 Virginia Drive	
21. CITY, TOWN, OR LOCATION		22. RACE - American Indian, Black, White, etc. (Specify)	
Mexico Beach		White	
23. ZIP CODE		24. DECEASED'S EDUCATION (Specify only highest grade completed)	
32410		12	
25. FATHER'S NAME (First, Middle, Last)		26. MOTHER'S NAME (First, Middle, Maiden Surname)	
Ervin Madrid		Teresa Fajardode	
27. INFORMANT'S NAME (Type, Print)		28. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code)	
Pamela Madrid		P.O. Box 13814, Mexico Beach, Florida 32410	
29. METHOD OF DISPOSITION		30. PLACE OF DISPOSITION (Name of Cemetery, Crematory or other place)	
Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)		Southernland Cremation Services Panama City, Florida	
31. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		32. LICENSE NUMBER (If Licensed)	
[Signature]		4486	
33. To the best of my knowledge, death occurred at the time, date and place and due to the causes as stated (Signature and Title)		34. NAME AND ADDRESS OF FACILITY	
[Signature]		Gilmore-Southernland Funeral Home	
35. DATE SIGNED (M, D, Y)		36. CITY, TOWN, OR LOCATION OF FACILITY	
February 3, 2000		Port St. Joe, Florida 32456	
37. HOUR OF DEATH		38. DATE SIGNED (M, D, Y)	
2200 hours		February 3, 2000	
39. NAME OF ATTENDING PHYSICIAN (If other than Certifier, Type or Print)		40. MEDICAL EXAMINER'S CASE #	
Andrea N. Minyard, M.D.		00-14-00038	
41. NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner) (Type or Print)		42. LOCAL REGISTRAR - SIGNATURE	
Andrea N. Minyard, M.D. 3737 Frankford Avenue Panama City, Florida 32405		[Signature]	
43. SUBREGISTRAR - SIGNATURE AND DATE		44. DATE REGISTERED	
[Signature]		2/8/00	
45. PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter mode of death, such as shooting, arrest, shock, or heart failure. List only one cause on each line.		46. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		47. WAS AN AUTOPSY PERFORMED? (Yes or No)	
Arteriosclerotic Cardiovascular Disease		Yes	
48. SEQUENTIALLY list conditions if any leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that in fatal events resulting in death) LAST		49. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)	
Natural		Yes	
50. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? - YES - NO		51. IF SURGERY IS MENTIONED IN PART I, ENTER CONDITION FOR WHICH IT WAS PERFORMED	
NO		52. DATE OF SURGERY (M, D, Y)	
53. PROBABLE MANNER OF DEATH (Specify)		54. DATE OF INJURY (Month, Day, Year)	
Natural		55. TIME OF INJURY	
56. PLACE OF INJURY - At home, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 32nd, 33rd, 34th, 35th, 36th, 37th, 38th, 39th, 40th, 41st, 42nd, 43rd, 44th, 45th, 46th, 47th, 48th, 49th, 50th, 51st, 52nd, 53rd, 54th, 55th, 56th, 57th, 58th, 59th, 60th, 61st, 62nd, 63rd, 64th, 65th, 66th, 67th, 68th, 69th, 70th, 71st, 72nd, 73rd, 74th, 75th, 76th, 77th, 78th, 79th, 80th, 81st, 82nd, 83rd, 84th, 85th, 86th, 87th, 88th, 89th, 90th, 91st, 92nd, 93rd, 94th, 95th, 96th, 97th, 98th, 99th, 100th, 101st, 102nd, 103rd, 104th, 105th, 106th, 107th, 108th, 109th, 110th, 111th, 112th, 113th, 114th, 115th, 116th, 117th, 118th, 119th, 120th, 121st, 122nd, 123rd, 124th, 125th, 126th, 127th, 128th, 129th, 130th, 131st, 132nd, 133rd, 134th, 135th, 136th, 137th, 138th, 139th, 140th, 141st, 142nd, 143rd, 144th, 145th, 146th, 147th, 148th, 149th, 150th, 151st, 152nd, 153rd, 154th, 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1386th, 1387th, 1388th, 1389th, 1390th, 1391st, 1392nd, 1393rd, 1394th, 1395th, 1396th, 1397th, 1398th, 1399th, 1400th, 1401st, 1402nd, 1403rd, 1404th, 1405th, 1406th, 1407th, 1408th, 1409th, 1410th, 1411st, 1412nd, 1413th, 1414th, 1415th, 1416th, 1417th, 1418th, 1419th, 1420th, 1421st, 1422nd, 1423rd, 1424th, 1425th, 1426th, 1427th, 1428th, 1429th, 1430th, 1431st, 1432nd, 1433rd, 1434th, 1435th, 1436th, 1437th, 1438th, 1439th, 1440th, 1441st, 1442nd, 1443rd, 1444th, 1445th, 1446th, 1447th, 1448th, 1449th, 1450th, 1451st, 1452nd, 1453rd, 1454th, 1455th, 1456th, 1457th, 1458th, 1459th, 1460th, 1461st, 1462nd, 1463rd, 1464th, 1465th, 1466th, 1467th, 1468th, 1469th, 1470th, 1471st, 1472nd, 1473rd, 1474th, 1475th, 1476th, 1477th, 1478th, 1479th, 1480th, 1481st, 1482nd, 1483rd, 1484th, 1485th, 1486th, 1487th, 1488th, 1489th, 1490th, 1491st, 1492nd, 1493rd, 1494th, 1495th, 1496th, 1497th, 1498th, 1499th, 1500th, 1501st, 1502nd, 1503rd, 1504th, 1505th, 1506th, 1507th, 1508th, 1509th, 1510th, 1511st, 1512nd, 1513th, 1514th, 1515th, 1516th, 1517th, 1518th, 1519th, 1520th, 1521st, 1522nd, 1523rd, 1524th, 1525th, 1526th, 1527th, 1528th, 1529th, 1530th, 1531			