

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V39884**

1. Entity Name

GARY'S PLUMBING, INC.**FILED**
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90005 022 ***150.00

Principal Place of Business

**6409 2ND TERRACE #1
KEY WEST FL 33040**

Mailing Address

**6409 2ND TERRACE #1
KEY WEST FL 33040-6044**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **65-0335861**Applied
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

**KOSTICK, ELLIOT
7520 NW 5TH ST
STE 200
PLANTATION FL 33317**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity is this, _____, agent for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

Signature of _____

intended _____

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
Added to Fee**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CENTONZE, GARY**
CITY-ST-ZIP **24 AZALEA DR, KEY HAVEN
KEY WEST FL**TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **PST**
STREET ADDRESS **CENTONZE, GARY**
CITY-ST-ZIP **24 AZALEA DR, KEY HAVEN
KEY WEST FL**TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐
NAME
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐
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 changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/2000

Date

305-296-1

Daytime Phone #