

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 410887

1. Entity Name

OSCEOLA PLUMBING SUPPLIES & WELL DRILLING CORP. ✓

Principal Place of Business

555 THIRD ST.
HOLLY HILL FL 32117-4361

Mailing Address

555 THIRD ST.
HOLLY HILL FL 32117-4361

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 59-1420604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FANT, SAMUEL J
1048 KENNEDY RD
DAYTONA BEACH FL 32017

7. Name and Address of New Registered Agent

Name

Andrew D. Fant
Street Address (P.O. Box Number is Not Acceptable)
625 Westward Circle

Holly Hill,

City

FL

Zip Code
32117

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 *Andrew D. Fant* Secretary
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2800

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	FANT, DONNA J	
STREET ADDRESS	1048 KENNEDY ROAD	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FANT, SAMUEL J., SR.	
STREET ADDRESS	1048 KENNEDY ROAD	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FANT, SAMUEL J., JR.	
STREET ADDRESS	242 STRAWBERRY LANE	
CITY-ST-ZIP	HOLLY HILL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FANT, ANDREW D	
STREET ADDRESS	625 WESTWART CIRCLE	
CITY-ST-ZIP	HOLLYHILL FL 32117	
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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Andrew D. Fant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-8-00
Date

904-257-2685
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)