

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90051 019 ***150.00

DOCUMENT # 200743

1. Entity Name
RAY'S PLUMBING, INC.

Principal Place of Business

**23220 HARPER AVE.
 PORT CHARLOTTE FL 33980
 US**

Mailing Address

**PO BOX 3011
 PORT CHARLOTTE FL 33949
 US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 494605

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Port Charlotte, FL

4. FEI Number

59-0805092

Applied For

Not Applicable

Zip

Country

Zip
33949-4605

Country

Charlotte

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

**BURNETT, DAVID C.
 4333 TROPICALE BOULEVARD
 NORTHPORT FL 34287**

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, 2002 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 **TD** ☒ Delete
 NAME **BURNETT, SHARON W**
 STREET ADDRESS **4333 TROPICALE BOULEVARD**
 CITY-ST-ZIP **NORTH PORT FL**

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

TITLE **P** ☐ Delete
 NAME **BURNETT, DAVID C**
 STREET ADDRESS **4333 TROPICALE BOULEVARD**
 CITY-ST-ZIP **NORTH PORT FL**

TITLE **P / S / T / D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **MCCABE, ROBERT S.**
 STREET ADDRESS **405 DE LEON DR.**
 CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE **V / D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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

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:

Sharon W. Burnett
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/02

941-625-4171

CP2E034 (9/01)