

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 238162****1. Entity Name**
EAGERTON PLUMBING CO., INC.**FILED**
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90201 050 ***150.00

Principal Place of Business**WILLIAM T EAGERTON**
1093 N MCDUFF AVE
JACKSONVILLE FL 32205**Mailing Address****WILLIAM T EAGERTON**
1093 N MCDUFF AVE
JACKSONVILLE FL 32205**2. Principal Place of Business****Hilda J. Eagerton**
Suite, Apt. #, etc.**3. Mailing Address****Hilda J. Eagerton**
Suite, Apt. #, etc.**City & State****Zip**
32254**Country****City & State****Zip**
32254**Country****4. FEI Number**
59-0904564**Applied For****Not Applicable****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****EAGERTON, HILDA J**
1528 BLAIR RD.
JACKSONVILLE FL 32221**7. Name and Address of New Registered Agent****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 of officer or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE**9. This corporation is eligible to satisfy its income 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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	EAGERTON, HILDA J	
STREET ADDRESS	1528 BLAIR RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	S	<input type="checkbox"/> Delete
NAME	HELMS, SAMUEL	
STREET ADDRESS	5560 OLIVER STREET N.	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CLARK, THOMAS E	
STREET ADDRESS	1518 BLAIR RD	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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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
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hilda J. Eagerton**Date****Daytime Phone #****1-23-02 904-388-0761**

CR2E034 (9/01)