

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90112 044 ***150.00

DOCUMENT # 242736

1. Entity Name

ALPAUGH PLUMBING & SUPPLY OF TAMPA INC

Principal Place of Business

ROBERT B ALPAUGH
9002 N NEBRASKA AVE.
TAMPA FL 33604

Mailing Address

ROBERT B ALPAUGH
9002 N NEBRASKA AVE.
TAMPA FL 33604

2. Principal Place of Business

ROBERT B. ALPAUGH

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0915553**☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ALPAUGH, ROBERT B
9002 N NEBRASKA AVE
TAMPA FL 33604

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALPAUGH, ROBERT B	
STREET ADDRESS	622 DOWNS AVE	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ALPAUGH, ROBERT E	
STREET ADDRESS	415 BRENTWOOD DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALPAUGH, KATHLEEN	
STREET ADDRESS	415 BRENTWOOD DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	SEC./TREASURER	<input type="checkbox"/> Delete
NAME	SANDRA ALPAUGH	
STREET ADDRESS	622 DOWNS AVE	
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	
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
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
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

Date

Daytime Phone #

1/16/01 813-433-3838

CR2E034 (10/00)