

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
 04-02-2001 90273 004 ***158.75

DOCUMENT # 273082

1. Entity Name

BABE'S PLUMBING, INC.

Principal Place of Business

**140 E. MIAMI
 VENICE FL 34285**

Mailing Address

**140 E. MIAMI
 VENICE FL 34285**

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 **59-1023892**

Applied For

Not Applicable

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

**ISPHORDING, ROGER
 901 VENETIA BAY BLVD
 VENICE FL 34292**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P DALTON, JOSEPH P 1218 VERMEER DR NOKOMIS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT DALTON, TERERA A 130 SUNAIRE TERRACE NOKOMIS FL 34275	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST DALTON, PATRICIA 118 SUNAIRE TERR. NOKOMIS, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DALTON, MICHAEL L 405 FAUN RD. VENICE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BARBARA, SWINK 110 SUNAIRE TERRACE NOKOMIS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dalton, Teresa A.	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Swink, Barbara L.	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Joseph P. Dalton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.P. Dalton

03/19/01

941-488-6074

Date

Daytime Phone #

CR2E034 (10/00)