

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 392548

1. Entity Name

TAMSETT PLUMBING AND ELECTRIC, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90110 005 ***150.00

Principal Place of Business

15311 OLD HWY 411 E
UNIT # G
TAVARES FL 32778
US

Mailing Address

P.O. BOX 494
P.O. BOX 494
TAVARES FL 32778-0494
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1371795

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JOHN B. TAMSETT
109 SHOREWOOD COURT
TAVARES FL 32778

Name

JOHN TAMSETT

Street Address (P.O. Box Number is Not Acceptable)

442 EAST THIRD AVE

City

MT. DORA

FL

Zip Code

32757

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	TAMSETT, JOHN	
STREET ADDRESS	OLD HWY 41 SOUTH	
CITY-ST-ZIP	TAVARES, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TAMSETT, HARRY A	
STREET ADDRESS	OLD HWY 41 SOUTH	
CITY-ST-ZIP	TAVARES, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAMSETT, JERRAD	
STREET ADDRESS	OLD HWY 41 SOUTH	
CITY-ST-ZIP	TAVARES FL 32778	
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		

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	
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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

JOHN TAMSETT

2-17-00

352-343-3301

Date

Daytime Phone #

CR2E034 (9/99)