

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 398484**

1. Entity Name

TROPICAL PLUMBING, INC.

Principal Place of Business

Mailing Address

P.O. BOX 905
STATE RD 559 SE OF EAGLE LAKE
EAGLE LAKE FL 33839P.O. BOX 905
STATE RD 559 SE OF EAGLE LAKE
EAGLE LAKE FL 33839

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 **59-1384757**

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

STEWART, LAWRENCE C. (JR)
659 AVE A NW
WINTER HAVEN FL 33880

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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	MATHES, ROBERT K.	
STREET ADDRESS	STATE RD 559 SE OF EAGLE LAKE	
CITY-ST-ZIP	EAGLE LAKE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	DAUGHTRY, WILLIAM R JR.	
STREET ADDRESS	STATE RD 559 SE OF EAGLE LAKE	
CITY-ST-ZIP	EAGLE LAKE FL 33839	
TITLE	S	<input type="checkbox"/> Delete
NAME	WINKLER, LINDA C	
STREET ADDRESS	STATE RD 559 SE OF EAGLE LAKE	
CITY-ST-ZIP	EAGLE LAKE FL 33839	
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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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 I've empowered.

SIGNATURE: *Linda C Winkler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-01 (863) 293-3345

Date

Daytime Phone #

0330487

CR2E034 (10/00)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90042 008 ***150.00

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DO NOT WRITE IN THIS SPACE