

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90112 039 \*\*\*150.00

**DOCUMENT # 444076**

1. Entity Name

**R.C. LINDSEY PLUMBING, INC.**

925204



DOI-UBR-01-01-01

Principal Place of Business		Mailing Address	
SOUTH US 16368 SE HELD CT STUART FL 34997		SOUTH US 16368 SE HELD CT STUART FL 34997	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	County	Zip	County

4. Telephone Number: **59-1507355**

5. Annual Report Due Date: **8.75** Add'l. Fee Required

6. Name and Address of Current Registered Agent

**LITTMAN, JAMES F**  
**1851 S. KANNER HWY.**  
**STUART FL 33494**

7. Name and Address of New Registered Agent

FL

8. The above named entity submits this statement for the purpose of changing its registered office to the new address set forth in this Statement.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its franchise tax filing requirement and elects to do so:

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Estimated Corporate Franchise Tax: **\$5.00** May Be Added to Fee

11. OFFICERS AND DIRECTORS		12. SHAREHOLDERS	
TITLE	<b>P</b>	TITLE	
NAME	<b>LINDSEY, MONA H</b>	NAME	
STREET ADDRESS	<b>SOUTH FEDERAL HIGHWAY</b>	STREET ADDRESS	
CITY-STATE-ZIP	<b>STUART FL</b>	CITY-STATE-ZIP	
TITLE	<b>V</b>	TITLE	
NAME	<b>LINDSEY, KEN</b>	NAME	
STREET ADDRESS	<b>% SOUTH FEDERAL HIGHWAY</b>	STREET ADDRESS	
CITY-STATE-ZIP	<b>STUART FL</b>	CITY-STATE-ZIP	
TITLE	<b>S</b>	TITLE	
NAME	<b>LINDSEY, R.M.</b>	NAME	
STREET ADDRESS	<b>SOUTH FEDERAL HIGHWAY</b>	STREET ADDRESS	
CITY-STATE-ZIP	<b>STUART FL</b>	CITY-STATE-ZIP	
TITLE	<b>T</b>	TITLE	
NAME	<b>LINDSEY, MONA HIDI</b>	NAME	
STREET ADDRESS	<b>% SOUTH FEDERAL HIGHWAY</b>	STREET ADDRESS	
CITY-STATE-ZIP	<b>STUART FL</b>	CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

13. I hereby certify that the information supplied with this filing is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation or the receiver or trustee of the corporation, and that this report is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation, or the receiver or trustee of the corporation, and that this report is true and correct to the best of my knowledge and belief.

SIGNATURE: *Mona Lindsey* **Mona Lindsey**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01

00317

00317

11/21  
 SIGN AS PRES  
 pay by mail

Attachment  
 90 #23/2000  
 #44#074  
 \$150.00



DO NOT WRITE IN THIS SPACE

4. FID Number	59-1507355	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LITTMAN, JAMES F 1851 S. KANNER HWY. STUART FL 33494		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its Intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONAL OFFICERS TO OFFICERS AND DIRECTORS (SEE 11)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LINDSEY, R.C. SOUTH FEDERAL HIGHWAY STUART FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LINDSEY, MONA HIDI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 46 SO FED HWY STUART FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHITING, EUGENE % SOUTH FEDERAL HIGHWAY STUART FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINDSEY, R.M. SOUTH FEDERAL HIGHWAY STUART FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KEN LINDSEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 46 SO FED HWY STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LINDSEY, MONA HIDI % SOUTH FEDERAL HIGHWAY STUART FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Mona Lindsey Mona Lindsey 1-12-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR