

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 462533

1. Entity Name

ED MARTIN PLUMBING COMPANY

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90029 025 ***150.00

Principal Place of Business

5775 PARK BLVD. N.
PINELLAS PARK FL 33781
US

Mailing Address

5775 PARK BLVD. N.
PINELLAS PARK FL 33777-1418
US

2. Principal Place of Business

10558-75 ST. NO LARGO, FL 33777

3. Mailing Address

10558-75 ST. NO. LARGO, FL 33777

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LARGO, FLA

City & State

LARGO, FLA

4. FEI Number

59-1556280

Applied For

Not Applicable

Zip

33777

Country

USA

Zip

33777

Country

USA

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

MARTIN, EDWARD W.
9416 126TH AVE N.
LARGO FL 34643

Name

MARTIN, EDWARD W.

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

10558-75 STREET NO.

City

LARGO, FLA.

FL

Zip Code

33777

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 E.W. MARTIN

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

(NOTE: Registered Agent signature required when reinstating)

4-12-2000

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	PD	<input type="checkbox"/> Delete
NAME	MARTIN, EDWARD W.	
STREET ADDRESS	9416 126TH AVE. N.	
CITY-ST-ZIP	LARGO FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MARTIN, ROSE MARIE	
STREET ADDRESS	9416 126TH AVE NORTH	
CITY-ST-ZIP	LARGO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARTIN, WILLIAM "MARK"	
STREET ADDRESS	7853 SHADOW RUN DR.	
CITY-ST-ZIP	LARGO FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TURNBULL, TAMI DEANNE	
STREET ADDRESS	9416 126TH AVE NORTH	
CITY-ST-ZIP	LARGO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BROWN, KELLY	
STREET ADDRESS	12295 RIDGE RD	
CITY-ST-ZIP	LARGO FL 33778	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

4-12-2000

Date

727-546-7189

Daytime Phone #

CR2E034 (9/99)