

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 560542

1. Entity Name

PLYMEL CONSTRUCTION INC.

Principal Place of Business

2087 SARNO RD
MELBOURNE FL 32935

Mailing Address

2087 SARNO RD
MELBOURNE FL 32935

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

59-1810394

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

PLYMEL, DONALD L
4435 LAKE WASHINGTON ROAD
EAU GALIE, FL
MELBOURNE FL 32935

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

Donald L. Plymel
Signature, typed or printed name of registered agent and title if applicable

Donald L. Plymel, Vice President

8-14-2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PTD ☐ Delete
NAME PLYMEL, DONALD
STREET ADDRESS 4435 LAKE WASHINGTON RD
CITY-ST-ZIP MELBOURNE FL

TITLE PTD ☒ Change ☐ Addition
NAME Plymel, Susan M.
STREET ADDRESS 4435 Lake Washington Rd.
CITY-ST-ZIP Melbourne, FL 32934

TITLE VPSD ☐ Delete
NAME PLYMEL, SUSAN M.
STREET ADDRESS 4435 LAKE WASHINGTON RD
CITY-ST-ZIP MELBOURNE FL

TITLE VPSD ☒ Change ☐ Addition
NAME Plymel, Donald
STREET ADDRESS 4435 Lake Washington Rd.
CITY-ST-ZIP Melbourne, FL 32934

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Susan M. Plymel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan M. Plymel-President 8/14/00 (321) 242-0333

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)