

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90150 043 ***150.00

DOCUMENT # 561689

1. Entity Name

HF PLUMBING & PUMP CO., INC.

Principal Place of Business

**1529 CATTLEMAN ROAD
SARASOTA FL 34232**

Mailing Address

**1529 CATTLEMAN ROAD
SARASOTA FL 34232**

00046508



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

991 S. PACKING HOUSE RD

3. Mailing Address

991 S. PACKING HOUSE RD

Suite, Apt. #, etc.

UNIT 2

Suite, Apt. #, etc.

UNIT 2

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

59-1789783

Applied For

Not Applicable

Zip

34232

Country

SARASOTA

Zip

34232

Country

SARASOTA

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

FETT, JR., HAROLD J.

**1529 CATTLEMAN ROAD
SARASOTA FL 34232**

Name

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

991 S. PACKING HOUSE RD UNIT 2

City

SARASOTA

FL

Zip Code

34232

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 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 NAME STREET ADDRESS CITY-ST-ZIP	DS FETT, ELAINE J 1529 CATTLEMAN ROAD SARASOTA, FLORIDA 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FETT, HAROLD J JR 1529 CATTLEMAN ROAD SARASOTA, FLORIDA 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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)(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:

ELAINE FETT SECRETARY

4/27/01

941-371-0165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)