## **FILED 2001 UNIFORM BUSINESS REPORT (UBR)** Jan 24, 2001 8:00 am **DOCUMENT # 571937 Secretary of State** S & S PLUMBING, INC. 01-24-2001 90002 002 \*\*\*150.00 Principal Place of Business Mailing Address 5701 DEREK AVE 5100 SUMMERWOOD CT 801150 SARASCTA FL 34233 SARASOTA FL 34233 2. Principal Place of Business 3. Mailing Address P.O.Box 20544 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Sarasota, Fl. 34276 City & State City & State Applied For 4. FEI Number 59-1818959 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Sarasota Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Schwab Joseph J. SCHWAB, JOSEPH J. Street Address (P.O. Box Number is Not Acceptable) 1657 Ridgewood Ln. 5100 SUMMER WOOD CT. SARASOTA FL 34233 <sup>C</sup>Sarasota 8. The above named entity supports this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1/10/2001 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State

11.	OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CX Delete SCHWAB, JOSEPH J. 5100 SUMMER WOOD CT. SARASOTA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SCHWAB, GLORIA J 5100 SUMMERWOOD CT SARASOTA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS
NAME STREET ADDRESS CITY-ST-ZIP	D CX Delete SCHWAB, GLORIA J. 5100 SUMMER WOOD CT. SARASOTA FL	_TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schwab, Gloria J. 1657 Ridgewood Ln. Sarasota, Fl. 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHWAB, JOSEPH T JARVIS RD SARASOTA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Dølete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 eath; 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:

SUNATURE AND PRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2001

941-924-7882

Daytime Ph

CR2E034 (10/00)