

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 575041

1. Entity Name

BLUE RUN PLUMBING AND MECHANICAL CONTRACTORS, IN

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90061 038 ***150.00

Principal Place of Business

Mailing Address

11975 S WILLIAMS ST
P.O. BOX 39
DUNNELLON FL 34430
US

3621 W RIVERVIEW LANE
P.O. BOX 39
DUNNELLON FL 34430-0039
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1887421**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARKWICH, KARL KENNETH
3621 W RIVERVIEW LANE
DUNNELLON FL 32630

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

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

(NOTE: Registered Agent signature required when reinstalling)

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
NAME MARKWICH, KARL KENNETH
STREET ADDRESS 3621 W RIVERVIEW LN
CITY-ST-ZIP DUNNELLON FL ☐ Delete

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

TITLE STD
NAME MARKWICH, ERMINA
STREET ADDRESS 3621 W RIVERVIEW LN
CITY-ST-ZIP DUNNELLON FL ☐ Delete

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Karl K Markwich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/00
Date

(352) 489-5711
Daytime Phone #

CR2E034 (9/99)