

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90897 042 \*\*\*158.75

**DOCUMENT # 577290**

1. Entity Name  
**FAMBRI PLUMBING COMPANY, INC.**

Principal Place of Business  
**9075 130TH AVENUE NORTH**  
**UNIT F**  
**LARGO FL 33773**  
**US**

Mailing Address  
**9075 130TH AVENUE NORTH**  
**UNIT F**  
**LARGO FL 33773**  
**US**



2. Principal Place of Business  
**9385 117th AVENUE NORTH**  
 Suite, Apt. #, etc.

3. Mailing Address  
**9385 117th AVENUE NORTH**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**LARGO, FLORIDA**

City & State  
**LARGO, FLORIDA**

4. FEI Number  
**59-1842993**

Applied For  
 Not Applicable

Zip  
**33773**

Country  
**USA**

Zip  
**33773**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FAMBRI, JESSICA**  
**9075 130TH AVE NO.**  
**UNIT F**  
**LARGO FL 33773**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**9385 117th AVENUE NORTH**  
 City **LARGO** FL Zip Code **33773**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<b>PT</b> <b>FAMBRI, ENNIO</b> <b>9075 130TH AVE N, #F</b> <b>LARGO FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SV</b> <b>FAMBRI, JESSICA</b> <b>9075 130TH AVE N, #F</b> <b>LARGO FL</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>9385 117th AVENUE NORTH</b> <b>LARGO, FLORIDA 33773</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>9385 117th AVENUE NORTH</b> <b>LARGO, FLORIDA 33773</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Jessica Fambri JESSICA FAMBRI Date: 4/26/02 Daytime Phone #: 727 536 1987

CREE034 (9/01)