

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/3

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90014 011 \*\*\*150.00

**DOCUMENT # 621755**

1. Entity Name

**RANDY'S PLUMBING & WATER TREATMENT, INC.**

Principal Place of Business

1367 MAIN ST  
DUNEDIN FL 34698

Mailing Address

1367 MAIN ST  
DUNEDIN FL 34698

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1907871**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MICHAEL T. HANLEY**  
**817 BENTWOOD CT**  
**PALM HARBOR FL 34683**

**-DECEASED**

7. Name and Address of New Registered Agent

Name **CYNDI HANLEY**

Street Address (P.O. Box Number is Not Acceptable)  
**817 BENTWOOD CT**

**PALM HARBOR**

**FL**

**34683**

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

*Cindy Hanley*

**2-19-01**

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	POPPERT, RANDALL S.	
STREET ADDRESS	1436 SANTA CLARA	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MICHAEL T. HANLEY	
STREET ADDRESS	817 BENTWOOD CT	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	CINDY L. HANLEY	
STREET ADDRESS	817 BENTWOOD CT	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CYNDI HANLEY	
STREET ADDRESS	817 BENTWOOD CT	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRYN HANLEY	
STREET ADDRESS	309 COUNTRYSIDE KEY BLVD.	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Cindy Hanley*

**01-22-01 727 734 5497**

CR2034 (10/00)