

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 631041

1. Entity Name

GULF SHAMROCK PLUMBING, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90161 001 ***150.00

Principal Place of Business

Mailing Address

4404 BOGGS ST
PORT CHARLOTTE FL 33948

4404 BOGGS ST
PORT CHARLOTTE FL 33980-5207

2. Principal Place of Business

3. Mailing Address

119 TAMiami TRl
Suite, Apt. #, etc. UNIT G

1000 Kings Hwy
Suite, Apt. #, etc. # 263

City & State
PT Charlotte, FL

City & State
PT Charlotte, FL

Zip
33953

Country
Charlotte

Zip
33980

Country
Charlotte



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1575749

Applied For
Not Applicable

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

HAUSMAN, ALBERT
4404 BOGGS ST
PORT CHARLOTTE FL 33948

Name

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

1000 Kings Hwy
263

City PT Charlotte, FL Zip Code 33980

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, 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 P ☐ Delete
NAME HAUSMAN, ALBERT
STREET ADDRESS 4404 BOGGS ST
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1000 Kings Hwy # 263
CITY-ST-ZIP PT Charlotte FL 33980

TITLE S ☐ Delete
NAME HAUSMAN, CAROL
STREET ADDRESS 4404 BOGGS STREET
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1000 Kings Hwy # 263
CITY-ST-ZIP PT Charlotte FL 33980

TITLE D ☐ Delete
NAME HALL, CALVIN
STREET ADDRESS 1588 RADA LANE
CITY-ST-ZIP NORTH PORT FL 34286

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

CR2E034 (9/99)