

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90064 050 ***150.00

DOCUMENT # 643068

1. Entity Name
PLUMMER BROS. INC.

Principal Place of Business

17564 N SR #7
BOCA RATON FL 33498

Mailing Address

17564 N SR #7
BOCA RATON FL 33498

2. Principal Place of Business

10075 SW Greenridge Lane
 Suite, Apt. #, etc.

3. Mailing Address

10075 SW Greenridge Lane
 Suite, Apt. #, etc.

City & State
Palm City, FL

Zip **34990** **Country** **USA**

City & State
Palm City, FL

Zip **34990** **Country** **USA**

4. FEI Number **59-1941403**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PLUMMER, THOMAS H
17564 NORTH SR #7
BOCA RATON FL 33498

Name

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

10075 SW Greenridge Lane

City **Palm City**

FL

Zip Code **34990**

7. Name and Address of New Registered Agent

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 *Thomas Plummer*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/02

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

TITLE **STD** ☐ Delete
NAME **PLUMMER, JEROME**
STREET ADDRESS **5831 NORTHPOINT LANE**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **PD** ☐ Delete
NAME **PLUMMER, THOMAS H**
STREET ADDRESS **17564 N. STATE RD. #7**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10075 SW Greenridge Lane**
CITY-ST-ZIP **Palm City, FL 34990**

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STREET ADDRESS **10075 SW Greenridge Lane**
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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 REQUIRED
Thomas Plummer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

772-463-6767

Date

Daytime Phone #

CR2E034 (9/01)