

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90030 004 ***150.00

DOCUMENT # F22004

1. Entity Name

PLUMB-ALL, INC.

Principal Place of Business

1984 SW BILTMORE ST
 SUITE 102
 PORT ST. LUCIE FL 34984
 US

Mailing Address

1984 SW BILTMORE ST
 SUITE 102
 PORT ST. LUCIE FL 34984
 US

713747



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2625 SW MAPPERD

3. Mailing Address

PO BOX 1555

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm City FL

City & State

Palm City FL

4. FEI Number

59-2709062

Applied For

Not Applicable

Zip

Country

34990

USA

Zip

Country

34991

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE VIVO, JOHN
 2412 SW RACQUET CLUB DR
 PALM CITY FL 34990

7. Name and Address of New Registered Agent

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 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | DEVIVO, JOHN | |
| STREET ADDRESS | 2412 SW RACQUET CLUB DR | |
| CITY-ST-ZIP | PALM CITY FL 34990 | |
| TITLE | VST | <input type="checkbox"/> Delete |
| NAME | DEVIVO, SUE ANNE | |
| STREET ADDRESS | 2412 SW RACQUET CLUB DR | |
| CITY-ST-ZIP | PALM CITY FL 34990 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DEVIVO, KEITH | |
| STREET ADDRESS | 205 BRIDGEPORT RD | |
| CITY-ST-ZIP | PT ST LUCIE 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 | | |

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|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | |
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| 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/01

Date

5612862955

Daytime Phone #

CR2E034 (10/00)