

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F22972**

1. Entity Name

SOUTHERN PIPING SERVICES, INC.**FILED**
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90019 028 ***150.00

CU036723

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

% STANLEY B HAYSLIP
4231 NW 10TH STREET
COCONUT CREEK FL 33066**% STANLEY B HAYSLIP**
4231 NW 10TH STREET
COCONUT CREEK FL 33066

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2075214**

Applied For

Not Applicable

Zip

Country

Zip

Country

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****HAYSLIP, STANLEY B**
4231 NW 10TH STREET
COCONUT CREEK FL 33066

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 State10. 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	<input type="checkbox"/> Delete
	DSV			
	HAYSLIP, CAROL L	4231 NW 10 ST.	COCONUT CREEK FL	
	DPT			
	HAYSLIP, STANLEY B	4231 NW 10TH ST	COCONUT CREEK, FLA.00000	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL L HAYSLIP

Date

Daytime Phone #

3-19-01 954-971-2989

CR2E034 (10/00)