

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F44327

1. Entity Name

A RAINALDI PLUMBING, INC.

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

09-15-2000 90009 021 ***550.00

Principal Place of Business

Mailing Address

6111 OLD CHENEY HIGHWAY
 ORLANDO FL 32807

6111 OLD CHENEY HIGHWAY
 ORLANDO FL 32807



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2128468

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

RAINALDI, FRANK PAUL
 6111 OLD CHENEY HIGHWAY
 ORLANDO FL 32807

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PVS RAINALDI, FRANK PAUL 4323 GABREILLA LANE WINTER PARK FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS RAINALDI, FRANK PAUL 1545 WATERWITCH DRIVE ORLANDO, FL 32806	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAINALDI, FRANK PAUL 4323 GABREILLA LANE WINTER PARK FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAINALDI, FRANK PAUL 1545 WATERWITCH DRIVE ORLANDO, FL 32806	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00
 Date

407-282-2900
 Daytime Phone #

CR2E034 (5/00)