

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90081 006 ***150.00

DOCUMENT # G35844

1. Entity Name

PLUMBING SUPPLY OUTLET, INC.

Principal Place of Business

**1355 6TH STREET
 SARASOTA FL 34236
 US**

Mailing Address

**P.O. BOX 1857
 SARASOTA FL 34230
 US**

address change

2. Principal Place of Business

1355 BLVD. OF THE ARTS

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SARASOTA, FL 34236

City & State

4. FEI Number
59-2368999

Applied For

Not Applicable

Zip
34236

Country
SARASOTA

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

**PENIX, GREGORY A
 1355 6TH ST
 SARASOTA FL 34236**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **PENIX, GREGORY A**
 STREET ADDRESS **4834 WILD DOVE LANE**
 CITY-ST-ZIP **SARASOTA FL 34232**

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

TITLE **VP** ☐ Delete
 NAME **PENIX WENDELL, DEBORAH ANN**
 STREET ADDRESS **8171 PALMER BLVD.**
 CITY-ST-ZIP **SARASOTA FL 34240**

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

TITLE **ST** ☐ Delete
 NAME **PENIX, PAULINE**
 STREET ADDRESS **1720 BIRCHWOOD STREET**
 CITY-ST-ZIP **SARASOTA FL 34231**

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 (9/01)