

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90172 034 ***150.00

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DOCUMENT # G35844

1. Entity Name
PLUMBING SUPPLY OUTLET, INC.



Principal Place of Business
**1355 BLVD. OF THE ARTS
SARASOTA FL 34236
US**

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2368999**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Deborah A. Penix Wendell*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *1/9/03*

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	PENIX, GREGORY A	
STREET ADDRESS	4834 WILD DOVE LANE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PENIX WENDELL, DEBORAH ANN	
STREET ADDRESS	8171 PALMER BLVD.	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PENIX, PAULINE	
STREET ADDRESS	1720 BIRCHWOOD STREET	
CITY-ST-ZIP	SARASOTA FL 34231	
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Deborah A. Penix Wendell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03

Date

Daytime Phone #

941-366-6755

CR2E034 (10/02)