

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90225 042 ***150.00

DOCUMENT # **G46880**

1. Entity Name

J.L. Kidd Plumbing, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11180-66TH TERRACE N.

Suite, Apt. #, etc.

3. Mailing Address

11180-66TH TERRACE N.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SEMINOLE, FL

Zip Country

33772-6240

City & State

SEMINOLE, FL

Zip Country

33772-6240

4. FEI Number

59-2315969

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Kidd, J.L., SR.

Street Address (P.O. Box Number is Not Acceptable)

11180-66TH TERRACE N.

City

SEMINOLE

FL

Zip Code

33772-6240

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
Kidd SR, J.L.
11180-66TH TERRACE N.
SEMINOLE, FL 33772-6240**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
Kidd, Howard
11180-66TH TERRACE N.
SEMINOLE, FL 33772-6240**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HEUER, MARTIN
9165-136TH STREET N.
SEMINOLE, FL 33776-2310**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HEUER, RITA M.
9165-136TH STREET N.
SEMINOLE, FL 33776-2310**

TITLE
NAME
STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

J.L. Kidd, SR. PRESIDENT

7-14-03

(727) 393-8129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE0348 (12/02)