

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G50532

1. Entity Name

G. C. SMITH PLUMBING OF BREVARD, INC.

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90005 032 \*\*\*550.00

Principal Place of Business

38 ROSE ST.  
MERRITT ISLAND FL 32953

Mailing Address

303 MAGNOLIA AVE.  
MERRITT ISLAND FL 32952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2279547

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

FLIEDER, CLAIR E  
303 MAGNOLIA AVE.  
MERRITT ISLAND FL 32952

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

T  
NAME  
FLIEDER, CLAIR  
STREET ADDRESS  
303 MAGNOLIA AVE.  
CITY-ST-ZIP  
MERRITT ISLAND FL 32952 ☐ Delete

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

P  
NAME  
SMITH, CALLIE  
STREET ADDRESS  
38 ROSE ST.  
CITY-ST-ZIP  
MERRITT ISLAND FL 32953 ☐ Delete

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

S  
NAME  
SMITH, BART  
STREET ADDRESS  
38 ROSE ST.  
CITY-ST-ZIP  
MERRITT ISLAND FL 32953 ☐ Delete

☐ Change ☐ Addition  
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-00

Date

321-454-3825

Daytime Phone #

CR2E034 (5/00)