

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90032 003 ***150.00

040612 AV

DOCUMENT # G57173

1. Entity Name
CHARLOTTE PLUMBING, INC.

Principal Place of Business

% JACK O. HACKETT, II
P.O. DRAWER 1447
PUNTA GORDA FL 33951

Mailing Address

P.O. DRAWER 511447
PUNTA GORDA FL 33951-1447
US

2. Principal Place of Business

c/o Jack O. Hackett II

Suite, Apt. #, etc.

P.O. Drawer 511447

3. Mailing Address

Suite, Apt. #, etc.

City & State

Punta Gorda, FL 33951-1447

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2327525

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HACKETT, JACK O., II
115 WEST OLYMPIA AVE.
P.O. DRAWER 1447
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name
HACKETT, JACK O II

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

99 Nesbit Street

City

Punta Gorda

FL

Zip Code
33950

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

4/11/02

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
THORNBERRY, THOMAS P.
24100 TISEO BLVD UNIT 16
PORT CHARLOTTE FL 33980

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)