

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G95258**

1. Entity Name

MIKE MCCORD PLUMBING, INCORPORATED**FILED**
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90024 048 ***150.00

Principal Place of Business

C/O MICHAEL F. MCCORD
1433 EAST PINE ROAD
NOKOMIS FL 34275

Mailing Address

C/O MICHAEL F. MCCORD
1433 EAST PINE ROAD
NOKOMIS FL 34275

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCORD, MICHAEL F.
1433 EAST PINE ROAD
NOKOMIS FL 34275

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:

SIGNATURE

Michael F. McCord

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MCCORD, MICHAEL F.**
STREET ADDRESS **1433 E PINE RD**
CITY-STATE-ZIP **NOKOMIS FL**TITLE **VP** ☐ Delete
NAME **MC CORD, SEAN**
STREET ADDRESS **1433 E PINE RD**
CITY-STATE-ZIP **NOKOMIS FL 34275**TITLE **ST** ☐ Delete
NAME **MC CORD, SHARON**
STREET ADDRESS **1433 E PINE RD**
CITY-STATE-ZIP **NOKOMIS FL 34275**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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: *Michael F. McCord*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael F. McCord

1-12-01

Date

941-498-1762

Daytime Phone #

CR2E034 (10/00)