FOR PROFIT CORPORATION UNITERM BUSINESS REPORT (UBR)

H63733 **DOCUMENT #**

1. Entity Name

H.C. FRASCONA PLUMBING CO., INC.

					•	1000		1				
Principal Place of Business C/O HAROLD S. RICHMOND 227 W. JEFFERSON STREET QUINCY FL 32351			C/O ł 227 W	Mailing Address C/O HAROLD S. RICHMOND 227 W. JEFFERSON STREET QUINCY FL 32351								
2. Principal Place of Business				3. Mailing Address							IBIH BIRIH BIBIH B	
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & Star	te		City & State				·	4. FEI Number 59-2542496 Applied For Not Applicable				
Zip	ip Country		Zip	Zip Cour		ry 5.		5 . Ce	ertificate of Status Desired		\$8.75 Add	ditional
	6. Name	and Address of Current	Registere	d Agent				7. Na	ame and Address of New	Registered	Agent	
6. Name and Address of Current Registered Agent RICHMOND, HAROLD S.						Name						
227 W. JEFFERSON STREET						Street Address (P.O. Box Number is Not Acceptable)						
QUINCY F	FL 32351											
D. T				7 1		City				FL	Zip Cod	
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											- `	
·									**************************************			
		! FEE IS \$150.00							9. Election Campaign I	Financing	\$5.0	May Be
		3 Fee will be \$550.00							Trust Fund Contribut			to Fees
Make Check	k Payable to	Florida Department o	f State									
10.		OFFICERS AND	DIRECTO	RS	11.			ADD	DITIONS/CHANGES TO O	FFICERS AND	DIRECTOR	S IN 11
TITLE	DP			☐ Delete	TITLE	,	T				Change	Addition
NAME	FRASCON	AHC		□ Dele€	NAME							
STREET ADDRESS	103 W. CL					T ADDRESS	1					i
CITY-ST-ZIP	QUINCY F					ST-ZIP						ļ
		<u> </u>				31-21	140					
TITLE	VP			Delete	TITLE		P	1=1	4R) KXMB e 11 257. Y , FL · 3235	2110	Change	Addition
NAME	FRASCON	A, MASON C		•	NAME		5/49	15.71	AKKKYMBE	KIY M		
STREET ADDRESS		THOMAS PKWY			STREE	ET ADDRESS	404	' N.	11 57.			
CITY-ST-ZIP	QUINCY F	L 32351			CITY-	ST-ZIP	Ovi	NCY	y . <i>FL </i>	1		
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FILED Apr 25, 2003 8:00 am Secretary of State

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ITLE	DP	☐ Delete	TITLE		☐ Change	Addition
IAME	FRASCONA, H. C.		NAME			
TREET ADDRESS	103 W. CLARK ST.		STREET ADDRESS			
CITY-ST-ZIP	QUINCY FL		CITY-ST-ZIP			
ITLE	VP	Delete	TITLE	VP .	Change	Addition
IAME	FRASCONA, MASON C	•	NAME	SINGIETARY KYMBERIY H.		•
TREET ADDRESS	5675 PAT THOMAS PKWY		STREET ADDRESS	404 N. 11 357.		
CITY-ST-ZIP	QUINCY FL 32351		CITY-ST-ZIP	VP SINGIETARY, KYMBERIY A. 404 N. 11 OST. QUINCY, FL, 32351		
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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.