

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90060 038 ***150.00

DOCUMENT # H87016

1. Entity Name

FRISCO PLUMBING AND REPAIRS, INC.

Principal Place of Business

% LARRY FRISCO
4219 N. ARMENIA AVE
TAMPA FL 33607

Mailing Address

% LARRY FRISCO
4219 N. ARMENIA AVE
TAMPA FL 33607

\$77163



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2319 W. Kentucky Ave.
 Suite, Apt. #, etc.

3. Mailing Address

2319 W. Kentucky Ave.
 Suite, Apt. #, etc.

City & State

Tampa Fl.

City & State

Tampa Fl.

4. FEI Number

59-2610884

Applied For

Not Applicable

Zip

Country

33607

U.S.A.

Zip

Country

33607

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FRISCO, LARRY
4219 N ARMENIA AVE
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

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

2319 W. Kentucky Ave.

City

Tampa

FL

Zip Code

33607

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 **LARRY FRISCO**

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

Larry Frisco

(NOTE: Registered Agent signature required when reinstating)

5-1-01

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 State

10. Election Campaign Financing
 Trust Fund Contribution.

☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRISCO, LARRY	
STREET ADDRESS	4219 N ARMENIA AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRISCO, LARRY	
STREET ADDRESS	2319 W Kentucky AVE	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **LARRY FRISCO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry Frisco

5-1-01

Date

813-877-5264

Daytime Phone #

CR2E034 (10/00)