

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90138 014 ***150.00

DOCUMENT # **J09012**

1. Entity Name

DOUG'S PLUMBING, INC. **J09012**



DO NOT WRITE IN THIS SPACE

90073337

2. Principal Place of Business

1705 N. WESTMORELAND DRIVE

Suite, Apt. #, etc.

3. Mailing Address

1705 N. WESTMORELAND DRIVE

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

City & State

ORLANDO, FL.

4. FEI Number

59-2695409

Applied For

Not Applicable

Zip

32804

Country

USA

Zip

32804

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DOUGLAS A. EVERMAN

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

1705 N. WESTMORELAND DRIVE

City

ORLANDO

FL

Zip Code

32804

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PRESIDENT**
NAME **DOUGLAS A. EVERMAN**
STREET ADDRESS **1705 N. WESTMORELAND DRIVE**
CITY-ST-ZIP **ORLANDO, FL. 32804**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Douglas A. Everman** **DOUGLAS A. EVERMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03
Date

407-839-6119
Daytime Phone #

CR2E034B (12/02)