

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90893 015 ***150.00

DOCUMENT # J49663

1. Entity Name
DEAN'S PLUMBING, INC.

Principal Place of Business

% HAROLD DEAN WATKINS
 19731 WOODBRIDGE LANE
 N. FT. MYERS, FL 33917

Mailing Address

% HAROLD DEAN WATKINS
 19731 WOODBRIDGE LANE
 N. FT. MYERS, FL 33917

2. Principal Place of Business

6651 Nalle Grade Rd.
 Suite, Apt. #, etc.

3. Mailing Address

6651 Nalle Grade Rd.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

N. Ft. Myers FL

City & State

N. Ft. Myers FL

4. FEI Number

59-2744460

Applied For

Not Applicable

Zip

Country

33917 USA

USA

Zip

Country

33917 USA

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WATKINS, HAROLD DEAN
 19731 WOODBRIDGE LANE
 N. FT MYERS FL 33917

7. Name and Address of New Registered Agent

Name: WATKINS, Harold Dean
 Street Address (P.O. Box Number is Not Acceptable): 6651 Nalle Grade Rd.
 City: N. Ft. Myers FL Zip Code: 33917

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

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: P ☐ Delete
 NAME: WATKINS, HAROLD DEAN
 STREET ADDRESS: 19731 WOODBRIDGE LANE
 CITY-ST-ZIP: N. FT MYERS FL

TITLE: VTS ☐ Delete
 NAME: WATKINS, JUDITH SHERYL
 STREET ADDRESS: 19731 WOODBRIDGE LANE
 CITY-ST-ZIP: N. FT. MYERS FL

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P ☒ Change ☐ Addition
 NAME: WATKINS, Harold Dean
 STREET ADDRESS: 6651 Nalle Grade Rd.
 CITY-ST-ZIP: N. Ft. Myers, FL 33917

TITLE: VTS ☒ Change ☐ Addition
 NAME: WATKINS Judith Sheryl
 STREET ADDRESS: 6651 Nalle Grade Rd.
 CITY-ST-ZIP: N. Ft. Myers, FL 33917

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ 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: *Harold Dean Watkins*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02 941-543-2220
 Date Daytime Phone #

CR2E034 (9/01)