

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J80911

1. Entity Name

DODGE PLUMBING, INC.

FILED

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90150 014 ***150.00

Principal Place of Business

Mailing Address

-- JAMES B. DODGE

-- DEES AVE.

-- PIERCE FL 34945

% JAMES B. DODGE

9400 DEES AVE.

FT PIERCE FL 34945-3407



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2811584

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

DODGE, JAMES B.
9400 DEES AVE.
FT PIERCE FL 34945

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, 2000 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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	DODGE, JAMES B.	
ST-ZIP	9400 DEES AVE	
	FT PIERCE FL	
NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	DODGE, CAROLYN S.	
ST-ZIP	9400 DEES AVE	
	FT PIERCE FL	
NAME		<input type="checkbox"/> Delete
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ST-ZIP		
NAME		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 another like empowered.

SIGNATURE:

James B. Dodge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-00 (561) 465-4027

CR2E034 (9/99)