

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90075 032 ***158.75

MADE IN FLA

DOCUMENT # K08213

1. Entity Name

STILWELL PLUMBING & SOLAR, INC.

Principal Place of Business

**2213 ANDREA LANE
 SUITE ~~110~~ 105
 FORT MYERS FL 33912
 US**

Mailing Address

**2213 ANDREA LANE
 SUITE ~~110~~ 105
 FORT MYERS FL 33912
 US**

2. Principal Place of Business

3. Mailing Address

City & State

105

City & State

105

Zip

Country

Zip

Country

4. FEI Number

65-0024058

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LONG, WILLIAM

**2213 ANDREA LN., SUITE #110
 FT MYERS FL 33912**

Name

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

City

FL

Zip Code

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

William Long
William Long

President/Owner
President/Owner

1-24-02
1-24-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VTD
 LONG, WILLIAM W
 2213 ANDREA LN., SUITE#110
 FT. MYERS FL 33912** ☐ Delete

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

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Long
William Long *President/Owner*
President/Owner

Date

Daytime Phone #

(941) 481-0300
(941) 481-0300

CR2E034 (9/01)