

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90108 025 \*\*\*150.00

**DOCUMENT # K10591**

1. Entity Name  
**GRASSO PLUMBING, INC.**



Principal Place of Business  
**13139 MONTOUR ST.  
BROOKSVILLE FL 34613**

Mailing Address  
**13139 MONTOUR ST.  
BROOKSVILLE FL 34613**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2861975**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRASSO, WILLIAM  
13139 MONTOUR ST.  
BROOKSVILLE FL 34613**

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. 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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GRASSO, JOAN	
STREET ADDRESS	13TH ST. EAST	
CITY-ST-ZIP	STEINHATCHEE FL 32359	
TITLE	P	<input type="checkbox"/> Delete
NAME	GRASSO, WM.	
STREET ADDRESS	13139 MONTOUR ST.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GRASSO, MARTIN	
STREET ADDRESS	13TH ST. EAST	
CITY-ST-ZIP	STEINHATCHEE FL 32359	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRASSO, WILLIAM J	
STREET ADDRESS	5935 COLONY CIRCLE	
CITY-ST-ZIP	WEEKI WACHEE FL 34607	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5935 Colony Circle	
STREET ADDRESS	Weeki Wachee, FL 34607	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13139 Montour St.	
STREET ADDRESS	Brooksville, FL 34613	
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sara m Grasso	
STREET ADDRESS	5935 Colony Circle	
CITY-ST-ZIP	Weeki Wachee, FL 34607	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sara A. Grasso	
STREET ADDRESS	6117 Kurt St.	
CITY-ST-ZIP	Brooksville, FL 34609	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3-12-03 (35) 596-3562**  
Date Daytime Phone #

CR2E034 (10/02)