## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 14, 2000 8:00 am Secretary of State **DOCUMENT # K12799** OCALA PLUMBING CO., INC. 04-14-2000 90124 019 \*\*\*150.00 Principal Place of Business Mailing Address P.O.BOX 5218 P.O.BOX 5218 OCALA FL 34478-5218 OCALA FL 32678 CUU61932 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Ant. #. etc. City & State Applied For City & State 4. FEI Number 59-2866708 Not Applicable Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLBERT, RANDOLPH CRAIG 20149 S.E. 116 th Ave. Street Address (P.O. Box Number is Not Acceptable) INGLASS FL 34449 Inglis City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE TITLE ☐ Delete COLBERT, RANDOLPH CRAIG NAME NAME STREET ADDRESS STREET ADDRESS 20149 SE 116TH AVE CITY-ST-ZIP CITY-ST-7IP INGLIS FL 34449 Delete ☐ Change ☐ Addition TITLE TITLE SMITH, RICKY LYNN NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 155 N/A CITY-ST-ZIP CITY-ST-ZIP YANKEETOWN FL 34498 ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 affachment with an address, with all other like empowered.