

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90104 010 ***150.00

DOCUMENT # K37301

1. Entity Name
BO WALTON PLUMBING, INC.



Principal Place of Business
**346 ALICO AVE
STUART FL 34994**

Mailing Address
**346 ALICO AVE
STUART FL 34994**

2. Principal Place of Business

5384 SE Horseshoe Pt. Rd.

Suite, Apt. #, etc.
Stuart, FL.

City & State

3. Mailing Address

P.O. Box 2298

Suite, Apt. #, etc.

Palm City, FL.

City & State



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0098135**

Applied For
Not Applicable

Zip
34997

Country
USA

Zip
34997

Country
US

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

6. Name and Address of Current Registered Agent

**GIANINO, PETER T.
38 EAST OCEAN BLVD.
STUART FL FL 34994**

7. Name and Address of New Registered Agent

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

TITLE **PDTS** ☐ Delete
NAME **WALTON, WILLIAM L.**
STREET ADDRESS **5733 SE HORSESHOE PT RD**
CITY-ST-ZIP **STUART FL 34997**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDTS** ☒ Change ☐ Addition
NAME **WALTON, WILLIAM L.**
STREET ADDRESS **5384 SE Horseshoe Pt. Rd.**
CITY-ST-ZIP **STUART, FL 34997**
Address

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

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

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: *William L. Walton* **William L. Walton** **3/21/03** **772-692-1569**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)