

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90075 006 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # K95314

1. Entity Name
AMERICAN PLUMBING SERVICES OF FLORIDA, INC.

Principal Place of Business 7135 W GULF TO LAKE HWY CRYSTAL RIVER FL 34429 US	Mailing Address 7135 W GULF TO LAKE HWY 4000 110TH AVE. N CRYSTAL RIVER FL 34429 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 7135 W. Gulf to Lake Hwy Suite, Apt. #, etc.
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City & State CRYSTAL RIVER FL	4. FEI Number 65-0128258	Applied For <input type="checkbox"/> Not Applicable
Zip 34429	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MERRICK, JAMES A.
 15901 W. RIVER RD.
 INGLIS FL 34449**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	PD MERRICK, JAMES A. 15901 W RIVER RD INGLIS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE: James Merrick **James Merrick, President** 4/25/01 852-564-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)