

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90289 014 ***158.75

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DOCUMENT # L22293

1. Entity Name
SANGSTER'S PLUMBING, INC.



Principal Place of Business
% JOHN V. SANGSTER
4718 KILT CT
SAINT CLOUD FL 34769
US

Mailing Address
% JOHN V. SANGSTER
PO BOX 702224
ST CLOUD FL 34770
US



2. Principal Place of Business
25 East 13th St
Suite, Apt. #, etc.
10

3. Mailing Address

City & State
ST. CLOUD, FLA.
Zip
34769 Country
U.S.A.

City & State

Zip

Country

4. FEI Number
59-2972847

Applied For
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SANGSTER, JOHN V.
4718 KILT CT
SAINT CLOUD FL 34769

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PDST
SANGSTER, JOHN V.
4718 KILT CT
SAINT CLOUD FL 34769

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

John V. Sangster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pres. Officer
Don Tran **4-28-03** **407-892-1994**

CR2E034 (10/02)