## 2002 Uniform Business Report (UBR)

## Apr 16, 2002 8:00 am § Secretary of State . **DOCUMENT #** L59980 1. Entity Name 04-16-2002 90119 044 \*\*\*150.00 HUNSBERGER PLUMBING COMPANY, INC. Principal Place of Business Mailing Address 5008 W. LINEBAUGH AVE 5008 W. LINEBAUGH AVE 864 100 SUITE 47 SUITE 47 TAMPA FL 33624 TAMPA FL 33624 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3022610 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUNSBERGER, WILLIAM A. Street Address (P.O. Box Number is Not Acceptable) 1412 BIG MOSS LAKE RD **LUTZ FL 33549** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so 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. ☐ Change ☐ Addition Delete TITLE TITLE PVDS HUNSBERGER, WILLIAM A. NAME NAME STREET ADDRESS STREET ADDRESS 1412 BIG MOSS LAKE RD CITY-ST-ZIP CITY-ST-ZIP LUTZ FL 33549 ☐ Delete TITLE ☐ Change Addition TITI F TS NAME HUNSBERGER, WILLIAM A. MAME STREET ADDRESS STREET ADDRESS 1412 BIG MOSS LAKE ROAD CITY-ST-ZIP CITY-ST-ZIP LUTZ FL 33549 ☐ Change ☐ Addition JITLE -۔ - Delete م TITLE CM NAME NAME HUNSBERGER, WILLIAM A. STREET ADDRESS STREET ADDRESS 1412 BIG MOSS LAKE RD CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL 33549** Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME 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 empowed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: 🗘 ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

changed, or on an attachment with an address

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