

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90001 034 ***158.75

DOCUMENT # M75731

1. Entity Name

MASTER PLUMBING BY RICHARD, INC.

Principal Place of Business

**7804 TANGLEWOOD DR.
 NEW PORT RICHEY FL 34654**

Mailing Address

**7804 TANGLEWOOD DR.
 NEW PORT RICHEY FL 34654**

00020417



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5625-18 YOUNGQUIST RD.

Suite, Apt. #, etc.

3. Mailing Address

5625-18 YOUNGQUIST RD.

Suite, Apt. #, etc.

City & State

FT. MYERS, FLORIDA

City & State

FT. MYERS, FLORIDA

4. FEI Number

59-2906069

Applied For

Not Applicable

Zip

33912

Country

LEE

Zip

33912

Country

LEE

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

FAGIANO, DARLENE G.

7804 TANGLEWOOD DR.

NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5625-18 YOUNGQUIST RD.

City **FT. MYERS,**

FL

Zip Code
33912

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

Darlene Fagiano - Vice Pres.

2-1-02

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

DATE

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, 2002 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

TITLE **PD** ☐ Delete
 NAME **FAGIANO, RICHARD C.**
 STREET ADDRESS **7804 TANGLEWOOD DR.**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **DVTS** ☐ Delete
 NAME **FAGIANO, DARLENE G.**
 STREET ADDRESS **7804 TANGLEWOOD DR.**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5625-18 YOUNGQUIST RD.**
 CITY-ST-ZIP **FT. MYERS, FL. 33912**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5625-18 YOUNGQUIST RD.**
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 attachment with an address, with all other like empowered.

SIGNATURE: Darlene Fagiano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-02 941-489-2010

CR2E034 (9/01)