## FILED

| DOCUMENT # M94413  1. Entity Name BOB RIZI PLUMBING, INC.            |  |   |                      |   |                         | Apr 20, 2001 8:00 am<br>Secretary of State<br>04-20-2001 90304 043 ***150.00 |             |                 |              |  |
|--|--|---|----------------------|---|-------------------------|--|-------------|-----------------|--------------|--|
| Principal Plac<br>30B ŘIZI PLUN<br>671 DEREK AV<br>SARASOTA FL<br>IS | VE   | Mailing Address BOB RIZI PLUMBING 5671 DEREK AVE SARASOTA FL 34233 US |                      |   | -                       | 1 (28) (80) (78 18) (6 878) <b>(8) (8)</b>                                   |             | <b></b> .       | I A(A() 188) |  |
| 2. Principal P   | lace of Business   | 3. Mailing Address  |                      |   |                         |  |             |                 |              |  |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.   |                      |   |                         | DO NOT WRITE IN THIS SPACE   |             |                 |              |  |
| City & Stat  | е  | City & State  |                      |   | 4. 1                    | FEI Number <b>65-0066145</b>   |             |                 | plied For    |  |
| Zip Country  |  | Zip   | Zip Country          |   |                         | Certificate of Status Desired  |             | 8.75 Addi       | itional      |  |
|  | 6. Name and Address of Current   | Registered Agent  |                      |   | 7. 1                    | Name and Address of New Re   | gistered Ag | ent             |              |  |
| LEWIS, KURT F. 6624 GATEWAY AVENUE SARASOTA FL 34231                 |  |   |                      | Name Street Address (P.O. Box Number is Not Acceptable) |                         |  |             |                 |              |  |
|  |  |   |                      | City  |                         |  | FL          | .Zip Code       | ı            |  |
| SIGNATURE .  | named entity submits this statement for signature, typed or printed name of registered agent praction is eligible to satisfy its Intangible requirement and elects to do so. | and title if applicable. (NO  | TE: Registere        | d Agent signature                                       | required when re        | instating)  10. Election Campaign Final                                      | DATE        |                 | May Be       |  |
| -  | ria on back)   | Make Check Payable to Department of Sta                               |                      |   |                         | Trust Fund Contribution.   |             | Added           | to Fees      |  |
| 11.  | OFFICERS AND   | DIRECTORS   | 12.                  |   | AD                      | L<br>DITIONS/CHANGES TO OFFIC  | ERS AND D   | DIRECTORS       | IN 11        |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                | P<br>RIZI, ROBERT P JR.<br>5671 DEREK AVE<br>SARASOTA FL   | ☐ Delete  |                      | E   | SECRE?<br>Rizi          | ·  | [           | □ Change<br>ァメ) | Addition     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                   | VP LUPINACCI, FRANK 5671 DEREK AVE SARASOTA FL   |   |                      | E<br>E  | VP<br>SWALL             |  |             |                 |              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | TS<br>SWALBY, JEFFREY S<br>5671 DEREK AVE<br>SARASOTA FL   | Delete  |                      |   |                         |  |             | Change          | Addition     |  |
| TITLE<br>NAME<br>STREET ADDRESS                                      | Aimer Hayer  | ☐ Delete  | TITLI<br>NAM<br>STRE | E   | TREASO<br>AIMEE<br>5671 | LAER<br>MEYER<br>DEAEK AVE   | [           | Change          | Addition     |  |

CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 eport 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 five empowered.

\*\*ROBERT\*\* P. A. 2. J. 2. ROBERT P. Rizi, IR

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

**SIGNATURE:** 

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

FFICER OR DIRECTOR

☐ Delete

☐ Delete

**2001 UNIFORM BUSINESS REPORT (UBR)** 

4-16-2001

SARAJOTA FC 34233

☐ Change

☐ Change

Addition

☐ Addition