NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 AUG 20 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N51110

1. Entity Name

MANATEE COUNTY PLUMBING-HEATING-COOLING CONTRACT

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 01-02

2. Principal Place of Business	3. Mailing Address
5362 - Gulf Dr. Holmes Beach, FL 34217 Suite, Apt. #, etc.	5362 - Gulf Dr. Holmes Beach, FL 34217 Suite, Apt. #, etc.
City & State: Holmes Beach, FL 34217	City & State: Holmes Beach, FL 34217
Zip: 34217 Country: Manatee	Zip: 34217 Country: Manatee

4. FEI Number: 65-0364879 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LAPENSEE, MICHAEL J

Street Address (P.O. Box Number is Not Acceptable): 5362 - Gulf Dr.

City: Holmes Beach FL Zip Code: 34217

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)

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LAPENSEE, MICHAEL J
STREET ADDRESS	5362 - Gulf Dr.
CITY-ST-ZIP	HOLMES BEACH, FL 34217
TITLE	ST
NAME	SMITH, CAROL Y
STREET ADDRESS	421 - 9th Ave. W.
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	VP
NAME	THOMAS, DON
STREET ADDRESS	421 - 9th Ave. W.
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	D
NAME	CAMPBELL, LAWRENCE J.
STREET ADDRESS	3216 - 13th St. E.
CITY-ST-ZIP	BRADENTON, FL 34208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	800007293528---
STREET ADDRESS	-08/22/02--01078--008
CITY-ST-ZIP	****297.50 ****297.50
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	**DO NOT WRITE**
STREET ADDRESS	**IN THIS SPACE**
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (12/01)

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Carol Y. Smith Carol Y. Smith June 26 2002 941 722-2812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8/20/02