

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000011326**1. Entity Name
PERFORMANCE PLUMBING, INC.

Principal Place of Business

9430 SOMBRERO AVENUE

APOPKA
32703

FL

Mailing Address

9430 SOMBRERO AVENUE

APOPKA
32703

FL

2. Principal Place of Business
9476 SHORTLEAF COURT3. Mailing Address
9476 SHORTLEAF COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
APOPKA

FL

City & State
APOPKA

FL

Zip
32703

Country

Zip
32703

Country

4. FEI Number
59-3623400

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BORDEAU STACY M
9430 SOMBRERO AVENUEAPOPKA
32703

FL

7. Name and Address of New Registered Agent

Name

BORDEAU STACY M

Street Address (P.O. Box Number is Not Acceptable)
9476 SHORTLEAF COURTCity
APOPKA

FL

Zip Code
32703

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 _____ **04/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DVS ☐ Delete
NAME BORDEAU STACY M
STREET ADDRESS 9430 SOMBRERO AVENUE
CITY-ST-ZIP APOPKA FL 32703TITLE DPT ☐ Delete
NAME BORDEAU MARK J
STREET ADDRESS 9430 SOMBRERO AVENUE
CITY-ST-ZIP APOPKA FL 32703TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DVS ☒ Change ☐ Addition
NAME BORDEAU STACY M
STREET ADDRESS 9476 SHORTLEAF COURT
CITY-ST-ZIP APOPKA FL 32703TITLE DPT ☒ Change ☐ Addition
NAME BORDEAU MARK J
STREET ADDRESS 9476 SHORTLEAF COURT
CITY-ST-ZIP APOPKA FL 32703TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **MARK J. BORDEAU**DPT **04/27/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)