

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90426 022 ***150.00

DOCUMENT # P00000029133

1. Entity Name

VINCENT PLUMBING & FIRE PROTECTION SERVICES, INC



Principal Place of Business

1308 CLEARLAKE ROAD
COCOA FL 32922-6484

Mailing Address

1308 CLEARLAKE ROAD
COCOA FL 32922-6484

2. Principal Place of Business

1314 Clearlake Rd
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 541578
Suite, Apt. #, etc.

City & State

Cocoa FL

City & State

Merritt Island FL

Zip

32922

Country

USA

Zip

32954-1578

Country

USA

4. FEI Number

59-3634262

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

VINCENT, GEORGE R
1308 CLEARLAKE ROAD
COCOA FL 32922-6484

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME VINCENT, GEORGE R
STREET ADDRESS 1308 CLEARLAKE ROAD
CITY-ST-ZIP COCOA FL 32922-6484 ☐ Delete

TITLE D
NAME VINCENT, MERRILL M
STREET ADDRESS 1308 CLEARLAKE ROAD
CITY-ST-ZIP COCOA FL 32922-6484 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Merrill M. Vincent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)