

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90017 034 ***150.00

DOCUMENT # P00000029303

1. Entity Name
SECURITY PLUMBING AND PUMPS INC.

Principal Place of Business Mailing Address
9522 GARY STREET 9522 GARY STREET
HUDSON FL 34669 HUDSON FL 34669

2. Principal Place of Business 3. Mailing Address
9803 Clinton LN
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Port Richey FL
 Zip Country Zip Country
34668 Pasco

4. FEI Number **59-3633727** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LAVIGNE, ROBERT
9522 GARY STREET
HUDSON FL 34669

7. Name and Address of New Registered Agent
 Name **LAVIGNE, Robert**
 Street Address (P.O. Box Number is Not Acceptable)
9803 Clinton LN
 City **Port Richey** **FL** Zip Code **34668**

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 Robert A Lavigne DATE 1/25/02
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	LAVIGNE, ROBERT A	
STREET ADDRESS	9522 GARY STREET	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LAVIGNE, SANDRA L	
STREET ADDRESS	9522 GARY STREET	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVIGNE, Robert A	
STREET ADDRESS	9803 Clinton LN	
CITY-ST-ZIP	Port Richey FL 34668	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVIGNE, Sandra L	
STREET ADDRESS	9803 Clinton LN	
CITY-ST-ZIP	Port Richey, FL 34668	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert A Lavigne Date 1/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)