

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Oct 03, 2002 8:00 am**  
**Secretary of State**

10-03-2002 90050 040 \*\*\*158.75

DOCUMENT # **P 000000 40113**

1. Entity Name

**INSTALL PLUS INC.**

**DO NOT WRITE IN THIS SPACE**

**981509**

2. Principal Place of Business

**12102 SNEAD PL.**

Suite, Apt. #, etc.

3. Mailing Address

**PO BOX 341034**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**TAMPA FL.**

City & State

**TAMPA FL.**

4. FEI Number

**59-3640262**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**SPiegel + UTRETA, P.A.**

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

**343 ALMERIA AVE.**

City

**Corbal Gables**

FL

Zip Code

**33134**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NO I.L. Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PSTD  
Nicholas J. Pezone  
12102 SNEAD PL.  
TAMPA FL. 33626**

TITLE  
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment # P00000040113  
**INSTALL PLUS, INC. +++**  
The Solid Surface Specialists 981509

Nicholas J. Pezone  
12102 Snead Place  
Tampa, FL 33624  
(813) 205-7863  
Fax (813) 963-5482

September 30, 2002


FL Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Install Plus, Inc.  
Document # P00000040113

To Whom It May Concern:

Please be advised that I never received my UBR for the year 2002, as my business location has changed and apparently the forms were never forwarded. Please accept this updated application along with my \$150.00 payment to keep my corporation active.

Sincerely,

  
Nicholas J. Pezone  
President  
Install Plus, Inc.