

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90328 041 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000055101

1. Entity Name
A & S CITRUS PLUMBING, INC.

Principal Place of Business

**3823 LANCASTER CT
 PALM HARBOR FL 34685**

Mailing Address

**3823 LANCASTER CT
 PALM HARBOR FL 34685**

2. Principal Place of Business

10018 Green Ivy Drive

Suite, Apt. #, etc.

3. Mailing Address

10018 Green Ivy Drive

Suite, Apt. #, etc.

City & State

New Port Richey - FL

City & State

New Port Richey FL

4. FEI Number

59-3650733

Applied For

Not Applicable

Zip

34655

Country

PRADO

Zip

34655

Country

PRADO

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SZOT, ANTHONY
 3823 LANCASTER CT
 PALM HARBOR FL 34685**

7. Name and Address of New Registered Agent

Name

Szot Anthony

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

10018 Green Ivy Drive

City

New Port Richey - FL

Zip Code

34655

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/02

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SZOT, ANTHONY	3823 LANCASTER CT	PALM HARBOR FL 34685	<input type="checkbox"/>
D	SZOT, SUSAN K	3823 LANCASTER CT	PALM HARBOR FL 34685	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	SZOT, ANTHONY	10018 GREEN IVY DRIVE	NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	SZOT, SUSAN K	10018 GREEN IVY DRIVE	NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Anthony Szot President (4-10-02) (922) 375-5764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)