

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90152 038 ***150.00

0681459 AV

DOCUMENT # P00000055101



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

Principal Place of Business
**10018 GREEN IVY DRIVE
NEW PORT RICHEY FL 34655**

Mailing Address
**10018 GREEN IVY DRIVE
NEW PORT RICHEY FL 34655**

2. Principal Place of Business
10018 Green Ivy Drive

3. Mailing Address
10018 Green Ivy Drive

City & State
New Port Richey Fl.

City & State
New Port Richey Fl.

4. FEI Number **59-3650733**

Applied For
Not Applicable

Zip
34655

Country
Pasco

Zip
34655

Country
Pasco

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SZOT, ANTHONY
10018 GREEN IVY DRIVE
NEW PORT RICHEY FL 34655**

Name
Anthony Szot

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

SIGNATURE *Anthony Szot*
Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Anthony Szot*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03
Date

(727) 376-9803
Daytime Phone #

CR2E034 (10/02)