2002 UNIFORM BUSINESS REPORT (UBR)

P00000058918 DOCUMENT

1. Entity Name

AUGER'S PLUMBING INCORPORATED

Principal Place of Business 914 VANTAGE STREET, S.E. PALM BAY FL 32909

2. Principal Place of Business

Suite, Apt. #, etc.

AUGER, JAMES J

(See criteria on back)

914 VANTAGE STREET, S.E. PALM BAY FL 32909

City & State

Zip

Mailing Address

3. Mailing Address

City & State

Zip

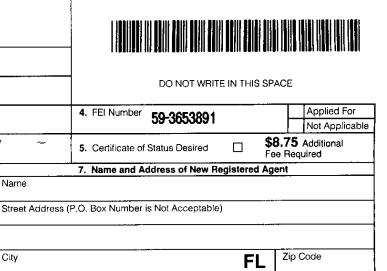
Suite, Apt. #, etc.

914 VANTAGE STREET, S.E.

PALM BAY FL 32909

FILED Sep 11, 2002 8:00 am Secretary of State

09-11-2002 90120 041 ***550.00



. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floric	da. I am familiar with, and accep
the obligations of registered agent.	

Country

Name

City

(NOTE: Registered Agent signature required when reinstating)

SIGNATURE

8

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

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

Country

6. Name and Address of Current Registered Agent

FILE NOW!!! FEE IS \$550.00

After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

П

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE Change FITLE Delete NAME AUGER, JAMES J STREET ADDRESS STREET ADDRESS 914 VANTAGE ST SE CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32909 ☐ Change ■ Addition Delete TITLE NAME NAME auger, donna f STREET ADDRESS STREET ADDRESS 914 VANTAGE ST SE CITY-ST-ZIP -CITY-ST-7IP PALM BAY FL 32909 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

CR2E034 (4/02