

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000075254

1. Entity Name
A-1 PRECISION PLUMBING, INC.

Principal Place of Business
7638 GULF HIGHLANDS DR.
PORT RICHEY FL 34668

Mailing Address
7638 GULF HIGHLANDS DR.
PORT RICHEY FL 34668

2. Principal Place of Business
12230 US Highway 19
Suite, Apt. #, etc.

3. Mailing Address
Post Office Box 5968
Suite, Apt. #, etc.

City & State
HUDSON FL

City & State
HUDSON, FL

4. FEI Number
59-3665597

Applied For
Not Applicable

Zip
34667

Country
USA

Zip
34674-5968

Country
USA

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

6. Name and Address of Current Registered Agent

HAY, CEDRIC P ESQ
C/O BEIL & HAY, P.A.
12312 U.S. HWY 19 N
HUDSON FL 34667

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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
D
LEISSNER, JASON
7638 GULF HIGHLANDS DR.
PORT RICHEY FL 34668 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HENNESSY, GLENN J
7638 GULF HIGHLANDS DR.
PORT RICHEY FL 34668 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GARAY, ED
10941 PEPPERTREE LANE
PORT RICHEY FL 34668 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
9302 WILCOX LN
PORT RICHEY 34668 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HENNESSY, GLENN J
7235 MARYLAND AVE
HUDSON FL 34667 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/T
GARAY, EDGARDO ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JASON LEISSNER - PRESIDENT

Date

2-28-01

Daytime Phone #

727-862-2041

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE

LUU25000