

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

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90763 001 ***300.00

DOCUMENT # P00000077917

1. Entity Name

CENTRAL PIPE OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2200 Flint Drive

Suite, Apt. #, etc.

3. Mailing Address
2200 Flint Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Fort Myers, FL

City & State
Fort Myers, FL

4. FEI Number
651032775

Applied For
Not Applicable

Zip Country
33916 USA

Zip Country
33916 USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
LEHMAN, LOUIS J.

Street Address (P.O. Box Number is Not Acceptable)
2200 FLINT DRIVE

City FL Zip Code
FORT MYERS 33916

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) ☐

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
PD
LEHMAN, LOUIS J.
2200 FLINT DRIVE
FORT MYERS, FL 33916

TITLE
NAME
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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
LOUIS J. LEHMAN, PRESIDENT

3-28-02 941-332-2525

Date

Daytime Phone #

CR2E034B (12/01)