

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90113 036 ***150.00

0004203 AV

DOCUMENT # P00000084588

1. Entity Name
PLUMB-PAL, INC.



Principal Place of Business
1728 SABLE PALM LANE
JACKSONVILLE BEACH FL 32250

Mailing Address
1728 SABLE PALM LANE
JACKSONVILLE BEACH FL 32250



2. Principal Place of Business
JACKSONVILLE FL.

3. Mailing Address
1728 SABLE PALM LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE BEACH FL.

City & State

4. FEI Number
59-3669885

Applied For
☐ Not Applicable

Zip
32250

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

COMBS, STEVEN P
222 E FORSYTH STREET
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name **Michael Carpenter**
 Street Address (P.O. Box Number is Not Acceptable)
1728 SABLE PALM LANE
JACKSONVILLE BEACH, FL.
 City **FL** Zip Code **32250**

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 *Michael J. Carpenter* **Michael J. Carpenter** **7/6/01**
Signature, typed or printed name of registered agent and fee 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 \$550.00
After September 12, 2001 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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD CARPENTER, MICHAEL J 1728 SABLE PALM LANE JACKSONVILLE BEACH FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARPENTER, STEPHANIE L. 1728 SABLE PALM LANE JACKSONVILLE BEACH FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael J. Carpenter* **MICHAEL J. CARPENTER** **President** **7/6/01** **(904) 246-8856**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

7/6/01

Attachments

ADN6865

DEAR Sir;

DEAR SIR,
I'M SORRY FOR BEING LATE PLEASE
EXCEPT THIS PAYMENT ON my behalf.
first notice may be

EXCEPT THIS PAYMENT
I NEVER RECEIVED MY FIRST NOTICE MAYBE
THE POST OFFICE LOST IT OR POSSIBLY I
LOST IT SOMEWHERE. ONCE AGAIN I AM

Truly sorry and hope you'll help

ME OUT with my problem.

Thank you

very much

Michael Carpenter

PLUMB-PAC, INC.