

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 29, 2001 8:00 am**  
**Secretary of State**

06-29-2001 90002 039 \*\*\*150.00

**DOCUMENT # P00000089413**

1. Entity Name

**PROSPERITY PLUMBING COMPANY, INC.**

Principal Place of Business

Mailing Address

14829 KEY LIME BOULEVARD  
 LOXAHATCHEE FL 33470

14829 KEY LIME BOULEVARD  
 LOXAHATCHEE FL 33470

2. Principal Place of Business

Mailing Address

West Palm Beach, FL - Blvd

10130 Northlake Blvd.  
 PMB # 277

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB # 277

PMB # 277

City & State

City & State

W. P. B., FL Ste. 214

W. P. B., FL Ste. 214

Zip

Country

Zip

Country

33412

USA

33412

USA

6. Name and Address of Current Registered Agent

4. FEI Number

Applied For

65-1042404

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

JAMES E. Foster

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

PMB 277 10130 Northlake Blvd.

W. P. B. Ste. 214

City

FL

Zip Code

33412

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.

(NOT

Registered Agent's 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**  
 After MAY 1, 2001  
 Make Check Payable to Department of State

**FEE IS \$150.00**  
 Fee will be \$550.00  
 to Department of State

10. Election Campaign Financing  
 Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSTD	<input checked="" type="checkbox"/> Delete
NAME	FOSTER, JAMES E	
STREET ADDRESS	14829 KEY LIME BOULEVARD	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	PSTD	<input checked="" type="checkbox"/> Delete
NAME	JAMES E FOSTER	
STREET ADDRESS	10130 Northlake Blvd.	
CITY-ST-ZIP	PMB # 277 W. P. B., FL 33412 Ste. 214	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VICE-PRES.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cheryl A. FOSTER	
STREET ADDRESS	PMB # 277 10130 Northlake Blvd.	
CITY-ST-ZIP	W. P. B., FL 33412 Ste. 214	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that no 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

JAMES E. Foster

4/22/01

Daytime Phone #

561-662-2004

CR2E034 (10/00)



Attachment  
A0075262

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 7, 2001

PROSPERITY PLUMBING COMPANY, INC.  
10130 NORTH LAKE BLVD  
PMB#297  
WEST PALM BEACH, FL 33412

Subject: PROSPERITY PLUMBING COMPANY, INC.

Reference  
Number:

P00000089413

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/ew

ANNUAL REPORTS SECTION