

2001 UNIFORM BUSINESS REPORT (UBR)

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

0511159

DOCUMENT # P00000104190

1. Entity Name

RAY T. PLUMBING, INC.

03-12-2001 90447 034 ***150.00

Principal Place of Business

**630 OAK ST.
 BOYNTON BEACH FL 33465**

Mailing Address

**630 OAK ST.
 BOYNTON BEACH FL 33465**

2. Principal Place of Business

628 OAK STREET

3. Mailing Address

628 OAK STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BOYNTON BEACH FL

City & State
BOYNTON BEACH FL

4. FEI Number
65-1051473

Applied For
 Not Applicable

Zip
33465

Country
PALM BEACH

Zip
33465

Country
PALM BEACH

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

6. Name and Address of Current Registered Agent

**TIDWELL, MITCHELL R
 630 OAK ST.
 BOYNTON BEACH FL 33465**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
628 OAK STREET

City
BOYNTON BEACH FL Zip Code
33465

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **DP** ☐ Delete
 NAME **TIDWELL, MITCHELL R**
 STREET ADDRESS **628 OAK STREET**
 CITY-ST-ZIP **BOYNTON BEACH FL 33465**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **3-7-01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)