

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State
 05-17-2002 90027 043 ***150.00

NA00073
 AV

DOCUMENT # P01000000085

1. Entity Name
MARK BROYLES PLUMBING, INC.

Principal Place of Business

**306 ANNA AVE
 CLEARWATER FL 33765**

Mailing Address

**306 ANNA AVE
 CLEARWATER FL 33765**

2. Principal Place of Business

5518 HAINES RD N.

3. Mailing Address

5518 HAINES RD. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG, FL

4. FEI Number

59-3690183

Applied For

Not Applicable

Zip

33714

Country

USA

Zip

33714

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROYLES, MARK J. OWNER

**306 ANNA AVE
 CLEARWATER FL 33765**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **BROYLES, MARK J P**
 STREET ADDRESS **306 ANNA AVE**
 CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **BROYLES, MARK J.**
 STREET ADDRESS **4585 3RD ST N.**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33714**

TITLE **VICE PRESIDENT** ☐ Delete
 NAME **ROBERT HARRIS**
 STREET ADDRESS **5372 ALHAMBRA WAY S.**
 CITY-ST-ZIP **ST PETE, FL 33712**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Change ☐ 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)(f), 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: **Mark J. Broyles, President**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 APR 02

727 656-2059

Date

Daytime Phone #

CR2E034 (9/01)