

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90113 026 ***158.75

0023409 AV

DOCUMENT # P01000007657

1. Entity Name
CERTIFIED PLUMBING CONTRACTORS, INC.



Principal Place of Business
4859 ROSSELLE ST
#1
JACKSONVILLE FL 32254

Mailing Address
1541 LASOTA AVENUE
JACKSONVILLE FL 32205



2. Principal Place of Business

3. Mailing Address

551-1 Chatham St **1541 Lasota Ave**
Suite, Apt. #, etc. Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-3690911

Applied For

Not Applicable

Zip

32254

Country

United States

Zip

32205

Country

United States

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, THOMAS K
1541 LASOTA AVENUE
JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Thomas K. Jackson, President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-14-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **JACKSON, THOMAS K**
STREET ADDRESS **1541 LASOTA AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **V** ☐ Delete
NAME **LAKOSKEY, JOHN M**
STREET ADDRESS **7521 WILSON BOULEVARD**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas K Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-14-03

Daytime Phone #

904384-4101

CR2E034 (10/02)

90135075
CPC

Attachment
#P01000007457

CPC

CERTIFIED PLUMBING CONTRACTORS, Inc.

Phone 904-384-4101 FAX 904-781-6806

CFC057103

Thursday, May 14, 2003

To: Division of Corporations
Uniform Business Report Filings

From: Certified Plumbing Contractors, Inc.
Re: Late Fee Wavier for the Uniform Business Report

To whom it may concern,

There has been some confusion on our part due to the relocation of our business. Although we have been at our new location since June 2002, some of our mail and correspondence has been delayed, misplaced or lost. We regret that the relocation process has caused a delay in filing our Uniform Business Report. The address corrections have been made on the report and the forwarding address at the post office has been updated.

Sincerely,



Thomas K. Jackson, President
Certified Plumbing Contractors, Inc.