

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90111 048 ***150.00

DOCUMENT # P01000008979

1. Entity Name

GET MR. PLUMBER PLUMBING SERVICE, INC.



Principal Place of Business

4566 N. LAKE DR.

SARASOTA FL 34232

Mailing Address

4566 N. LAKE DR.

SARASOTA FL 34232

2. Principal Place of Business

3. Mailing Address

5900 S. TAMiami TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE I

City & State

City & State

Sarasota FL

Zip

Country

34231

Country

USA

4. FEI Number

59-3693640

Applied For

Not Applicable

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

ASTRONSKAS, CATHERINE L

5900 S. TAMiami TRAIL SUITE I

SARASOTA FL 34231

Name

CATHERINE L. TRACY

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

5900 S. TAMiami TRAIL

SUITE I

City

Sarasota

FL

Zip Code

34231

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

Catherine L. Tracy

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-11-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

RAY, ALLEN D
4566 N. LAKE DR.
SARASOTA FL 34232

TITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE ☐ Delete

HOUSER-RAY, KELLE

4566 N. LAKE DR.

SARASOTA FL 34232

TITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE ☐ Delete

NAME

TITLE ☐ Change ☐ Addition

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE ☐ Delete

NAME

TITLE ☐ Change ☐ Addition

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE ☐ Delete

NAME

TITLE ☐ Change ☐ Addition

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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:

Allen D. Ray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

Date

Daytime Phone #

CR2E034 (10/02)