

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90236 020 ***150.00

DOCUMENT # P01000025981

1. Entity Name

IONA-MCGREGOR PLUMBING, INC.

Principal Place of Business

**16681 MCGREGOR BLVD. UNIT 305
 FT MYERS FL 33908**

Mailing Address

**16681 MCGREGOR BLVD. UNIT 305
 FT MYERS FL 33908**

2. Principal Place of Business

16681-MC GREGOR BLVD

Suite, Apt. #, etc.

305

3. Mailing Address

16681 MC GREGOR BLVD

Suite, Apt. #, etc.

305

City & State

FT MYERS FLA

City & State

FT MYERS FLA

Zip

33908

Country

U.S.A.

Zip

33908

Country

U.S.A.

4. FEI Number

36-4494361

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75-Additional
 Fee Required**

6. Name and Address of Current Registered Agent

GAVIN, RONALD K

16681 MCGREGOR BLVD, UNIT 304

FT MYERS FL 33908

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.

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

TITLE **PD** ☐ Delete
 NAME **GAVIN, RONALD K**
 STREET ADDRESS **11906 QUAIL RUN DR**
 CITY-ST-ZIP **FT MYERS FL 33908**

TITLE **VD** ☒ Delete
 NAME **COHEN, ROBERT C**
 STREET ADDRESS **2085 PAULO ST**
 CITY-ST-ZIP **FT MYERS FL 33901**

TITLE **STD** ☒ Delete
 NAME **GAIN, EUGENE**
 STREET ADDRESS **611 RABBIT RD**
 CITY-ST-ZIP **SANIBEL FL 33957**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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

TITLE ☐ Change ☐ Addition
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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)(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:

Ronald K. Gavin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April-22-02

CR2E034 (9/01)