## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P0100070890

1. Entity Name

GEORGE LARGE PLUMBING, INC.



## FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90733 033 \*\*\*150.00

				S TE TO						
Principal Place of Business 5431 W. WASHINGTON ST. ORLANDO FL 32811-		Mailing Address 5431 W. WASHINGTON ST. ORLANDO FL 32811					<b>(</b>	10 ÂUN (10)		
2. Principal P	lace of Business	3. Mailing Address					<b>i</b> ii. <b>Ta</b> ih <b>Ea</b> ih i <b>a</b>		1 <b>6</b> 111 <b>178</b> 11 1 <b>88</b> 11	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			`	☐ CHECK HERE	EIF MAKING	CHANGES		
City & State		City & State			4. FEI Number 59-3730289 Applied For Not Applicable					
Zip Country		Zip	Countr	у	5. Certifica	ate of Status Desired	\$8.75 Additional Fee Required			
	6. Name and Address of Curr	ent Registered Agent	L <u>.</u>		7. Name a	nd Address of New		<u> </u>		
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LARGE, G	eorge Vashington St.		Street Addres			s (P.O. Box Number is Not Acceptable)				
	FL 32811		-			·				
		nt for the purpose of changing i	City				FL	Zip Cod		
After	Signature, typed or printed name of egistaced a LE NOW!!! FEE IS \$150:00 May 1, 2003 Fee will be \$550.	00	OTE: Registered	Agent signature requi	9.	Election Campaign F Trust Fund Contribution		\$5.0 Adde	00 May Be	
	Payable to Florida Departmen	<u></u>	• • •			10 10 11 A 10 CC TO CE	FIGERS AND	DIRECTOR	1C (A) 44	
10.		ND DIRECTORS	11.		ADDITION	IS/CHANGES TO OF	FICERS AND			
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D Large, George 5431 W. Washington St. Orlando Fl 32811	□ Delete		T ADDRESS ST-ZIP				☐ Change	☐ Addition	
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12. I hereby o	certify that the information supplied	with this filing does not qualify	for the exen	nption stated in	Section 119.07	3)(i), Florida Statutes	. I further certi	fy that the i	nformation	

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:** 

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIMETOR

Date Daylime Phone #