

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2002 8:00 am**  
**Secretary of State**

08-13-2002 90221 019 \*\*\*550.00

**DOCUMENT # P01000080152**

1. Entity Name  
**PLUMBING DOCTOR II, INC.**

Principal Place of Business  
**4165 WHIDDEN BOULEVARD**  
**UNIT #1**  
**CHARLOTTE HARBOR FL 33980**

Mailing Address  
**4165 WHIDDEN BOULEVARD**  
**UNIT #1**  
**CHARLOTTE HARBOR FL 33980**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1171083**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SEGUR, ROBERT W**  
**18501 MURDOCK CIRCLE**  
**SUITE 307**  
**PORT CHARLOTTE FL 33948**

7. Name and Address of New Registered Agent

Name **David Schumacher**  
 Street Address (P.O. Box Number is Not Acceptable) **1999 Kings Hwy 14C**  
**Port Charlotte**  
 City **FL** Zip Code **33980**

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **D** ☐ Delete  
 NAME **SCHUMACHER, DAVID**  
 STREET ADDRESS **1999 KINGS HIGHWAY, #14C**  
 CITY-ST-ZIP **CHARLOTTE HARBOR FL 33980**

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

TITLE **D** ☐ Delete  
 NAME **SCHUMACHER, LINDA**  
 STREET ADDRESS **1999 KINGS HIGHWAY, #14C**  
 CITY-ST-ZIP **CHARLOTTE HARBOR FL 33980**

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

TITLE ☐ Delete  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8-8-02 944-255-0001**

CR2E034 (4/02)