

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0075676  
AV

DOCUMENT # **PC2000012421**

1. Entity Name

**MOBILE PLUMBING SUPPLIES INC.**



FILED

03 OCT 22 PM 5:20

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATE FEE 03

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

**14071 RICHWOOD PLACE  
DAVIE FL 33325**

Mailing Address

**14071 RICHWOOD PLACE  
DAVIE FL 33325**

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

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

**DUPOUX, SERGE**

**14071 RICHWOOD PLACE**

**DAVIE FL 33325**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/1/03

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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  
NAME **D**  
STREET ADDRESS **DUPOUX, SERGE**  
CITY-ST-ZIP **14071 RICHWOOD PLACE  
DAVIE FL 33325**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/03

Date

Daytime Phone #

CR2E034 (4/03)

**DAVIE ACCOUNTING & ASSOCIATES, INC.**

**3619 Davie Blvd.  
Ft. Lauderdale, FL 33312**



**October 17, 2003**

**Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500**

**Gentlemen:**

**RE: Mobile Plumbing Supplies, Inc,  
Document No.: P02000012421**

**Please find enclosed a copy of my business report, which I received late along with my check in the amount of \$150.00 because I never received my original report. I called your offices and was told by a representative to mail in the \$150.00.**

**Thank you.**

**Serge Dupoux  
14071 Richwood Place  
Davie, FL 33325**