

2000 UNIFORM BUSINESS REPORT (UBR)

S/.

DOCUMENT #

P047BT

1. Entity Name

BRIGGS PLUMBING PRODUCTS, INC.

FILED
Jul 06, 2000 8:00 am
Secretary of State

05-31-2000 90103 039 ***550.00

Principal Place of Business

4350 W CYPRESS ST STE #800
TAMPA FL 33607

Mailing Address

4350 W. CYPRESS ST. #800
TAMPA, FL 33607

2. Principal Place of Business

4350 W. CYPRESS ST
Suite, Apt. #, etc.
SUITE 800

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3497978

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

CT CORPORATION
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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, 2000 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	PRESIDENT	<input type="checkbox"/> Delete
NAME	DANIEL UMBS	
STREET ADDRESS	4350 W. CYPRESS ST STE 800	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	DIEGO FERNANDEZ	
STREET ADDRESS	4350 W. CYPRESS ST. STE 800	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	JORGE MERDANE	
STREET ADDRESS	4350 W. CYPRESS ST STE 800	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	JOHN P. WARD	
STREET ADDRESS	4350 W. CYPRESS ST. STE 800	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

John P. Ward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)