

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90091 039 \*\*\*150.00

DOCUMENT # P93000048035

1. Entity Name

LIGGETT PLUMBING, INC.

Principal Place of Business

1340 W 53RD ST  
#15  
MANGONIA PARK FL 33407  
US

Mailing Address

PO BOX 10557  
WEST PALM BEACH FL 33419  
US

00017811



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1340 W 53RD ST  
#14

3. Mailing Address

Suite, Apt. #, etc.

City & State

MANGONIA PARK FL

City & State

4. FEI Number

65-0424902

Applied For

Not Applicable

Zip

Country

33407 USA

Zip

Country

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

LIGGETT, GAIL  
2307 SE MONROE STREET  
SUITE 106  
STUART FL 34997

Name

HARRY LIGGETT

Street Address (P.O. Box Number is Not Acceptable)

2307 SE MONROE ST  
STUART FL 34997

City

STUART

FL

Zip Code

34997

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

*Harry Liggett*

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LIGGETT, HARRY	
STREET ADDRESS	2307 SE MONROE ST	
CITY-ST-ZIP	STUART FL 34997	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LIGGETT, GAIL	
STREET ADDRESS	2307 SE MONROE	
CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAIL LIGGETT	
STREET ADDRESS	2307 SE MONROE ST	
CITY-ST-ZIP	STUART FL 34997	
TITLE	HARRY LIGGETT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIGGETT, HARRY	
STREET ADDRESS	2307 SE MONROE	
CITY-ST-ZIP	STUART FL 34997	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Harry Liggett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/01 5613461703

Date

Daytime Phone #

CR2E034 (10/00)