

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90077 001 ***150.00

DOCUMENT # P93000048035

1. Entity Name
LIGGETT PLUMBING, INC.

Principal Place of Business
**1340 W. 53RD ST
 #14
 MANGONIA PARK FL 33407
 US**

Mailing Address
**PO BOX 10557
 WEST PALM BEACH FL 33419
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0424902

Applied For

Not Applicable

Zip

Country

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, HARRY
 2307 SE MONROE ST
 STUART FL 34997**

Name
HARRY LIGGETT
 Street Address P.O. Box Number is Not Acceptable
2307 SE MONROE ST
 City **STUART** FL **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

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, 2002 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** ☐ Delete
 NAME **LIGGETT, GAIL**
 STREET ADDRESS **2307 SE MONROE ST**
 CITY-ST-ZIP **STUART FL 34997**

TITLE **VD** ☒ Change ☐ Addition
 NAME **GAIL LIGGETT**
 STREET ADDRESS **2307 SE MONROE ST**
 CITY-ST-ZIP **STUART FL 34997**

TITLE **ST** ☐ Delete
 NAME **LIGGETT, HARRY**
 STREET ADDRESS **2307 SE MONROE**
 CITY-ST-ZIP **STUART FL**

TITLE **PSTD** ☒ Change ☐ Addition
 NAME **HARRY LIGGETT**
 STREET ADDRESS **2307 SE MONROE ST**
 CITY-ST-ZIP **STUART, FL 34997**

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
 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

4/19 02 5612486166

Date

Daytime Phone #

CR2E034 (9/01)