

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000066971

1. Entity Name

PLUMBING MASTERS OF CENTRAL FLORIDA, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90076 025 ***150.00

Principal Place of Business

Mailing Address

3815 N US 1
STE 60
COCOA FL 32966

3815 N US 1
STE 60
COCOA FL 32926-5946
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BOGGS, BILL C.
4155 DOW ROAD
SUITE Z
MELBOURNE FL 32934

4. FEI Number **59-3201681** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Boggs, Bill C.

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

3815 N. US 1, Unit 60

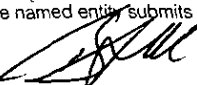
City

Cocoa

FL

32926

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PDS	BOGGS, BILL G	13007 JEWELSTONE WAU	ORLANDO FL 32828	<input type="checkbox"/>
VDT	BIENER, WILLIAM	1830 BRANDO DRIVE	ORLANDO FL	<input type="checkbox"/>
S	BOGGS, JAMES B	6227 GREYLENN DR	ORLANDO FL 32823	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 #

4-5-00

321/632-5063

CR2E034 (9/99)