

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000075968**

1. Entity Name

MASTERCARE PLUMBING INC.**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90236 013 ***150.00

766438

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**1178 SUNLIGHT COURT
ST. CLOUD FL 34771****1178 SUNLIGHT COURT
ST. CLOUD FL 34771**

2. Principal Place of Business

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3213628

Applied For

Not Applicable

Zip

Country

Zip

Country

*Oseola**Oseola*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

**ALLRED, DONNA L
1178 SUNLIGHT CT
ST CLOUD FL 34771**

Name

Same

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

Donna L Allred

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	P	<input type="checkbox"/> Delete
NAME	ALLRED, MICHAEL	
STREET ADDRESS	4829 CYPRESS CREEK RANCH ROAD	
CITY-ST-ZIP	ST. CLOUD FL 34771	

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	ALLRED, PAULA	
STREET ADDRESS	1178 SUNLIGHT CIRCLE	
CITY-ST-ZIP	ST. CLOUD FL 34771	

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Donna L Allred

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/01

Date

407-892 4020

Daytime Phone #

CR2E034 (10/00)