

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90292 004 ***150.00

DOCUMENT # P93000079382

1. Entity Name
AMERICAN PLUMBING & SEWER, INC.



Principal Place of Business
% BRUCE R. MACAFEE
13229 GREYWOOD CIR
FORT MYERS FL 33912

Mailing Address
% BRUCE R. MACAFEE
P O BOX 51092
FT MYERS FL 33994
US

2. Principal Place of Business

2512 Andalusia Blvd #2

Suite, Apt. #, etc.

3. Mailing Address

6736 Highland Pines Cir

Suite, Apt. #, etc.

City & State

Cape Coral FL

City & State

Ft Myers FL

Zip

33909

Country

Zip

33912

Country

USA

4. FEI Number

65-0464462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

MACAFEE, BRUCE R
15551 PARK WAY
ALVA FL 33920

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MACAFEE, BRUCE R**
STREET ADDRESS **15551 PARK WAY**
CITY-ST-ZIP **ALVA FL**

TITLE **V** ☐ Delete
NAME **CATHERINE, MACAFEE**
STREET ADDRESS **15551 PARK WAY**
CITY-ST-ZIP **ALVA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED V. P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 239 694-8711

Date

Daytime Phone #

CR2E034 (10/02)