

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000009907

1. Entity Name

CUSTOM QUALITY PLUMBING OF SARASOTA, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90015 046 ***150.00

Principal Place of Business

3569 WEBBER ST.
SARASOTA FL 34239

Mailing Address

3569 WEBBER ST.
SARASOTA FL 34239

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0458369

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

MALLET, ROB
3569 WEBBER AVE.
SARASOTA FL 34239

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS MASK, MARION
CITY-ST-ZIP 2739 DATURA ST.
SARASOTA FL 34239

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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

Date

Daytime Phone #

CR2E034 (5/00)

Custom Quality Plumbing of Sarasota, Inc.

Attachment
D# 940000009907
D0064706

5404 Ashton Court Unit G
Sarasota, FL 34233
U.S.

Phone 941-926-1624

Fax 941-926-1626

July 06, 2000

Dear Sirs,

Enclosed please find check #6544 in the amount of \$150.00. This amount reflects the original amount due for the 2000 Uniform Business Report. Be advised that the amount reflects the first notice requirement as this is the first notice our company has received

Respectfully submitted.