

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 13, 2003 8:00 am  
Secretary of State

02-13-2003 90251 004 \*\*\*150.00



CHECK HERE IF MAKING CHANGES

DOCUMENT # **P94000012225**

1. Entity Name  
**CONNERTON PLUMBING & FIRE PROTECTION, INC.**

Principal Place of Business  
**5686 YOUNGQUIST ROAD  
FT. MYERS FL 33912  
US**

Mailing Address  
**5686 YOUNGQUIST ROAD  
FT. MYERS FL 33912  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0471542**

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

**CONNERTON, ANN M  
18277 POPLAR RD. S.E.  
FT. MYERS FL 33912**

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 \_\_\_\_\_ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change  Addition

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CONNERTON, CALVIN C</b>	
STREET ADDRESS	<b>18277 POPLAR ROAD</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE	<b>TVP</b>	<input type="checkbox"/> Delete
NAME	<b>CONNERTON, ANN</b>	
STREET ADDRESS	<b>18277 POPLAR RD</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33912</b>	
TITLE	<b>COO</b>	<input type="checkbox"/> Delete
NAME	<b>WATTS, JAMES D</b>	
STREET ADDRESS	<b>1727 MARINA TERRACE</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33917</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 an other like empowered.

SIGNATURE: *Ann M Connerton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/11/03** (239) 267-6606  
Day Phone #

CR2E034 (10/02)