

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90028 006 ***158.75

DOCUMENT # P94000040509

1. Entity Name
COURTNEY PLUMBING, INC.

Principal Place of Business
**13607 SOUTHERIDGE INDUSTRIAL
 TRAVRES FL 32778
 US**

Mailing Address
**13607 SOUTHERIDGE INDUSTRIAL
 TRAVRES FL 32778
 US**

2. Principal Place of Business
28220 County Road 561
 Suite, Apt. #, etc.

3. Mailing Address
28220 County Road 561
 Suite, Apt. #, etc.

City & State
TAVARES, FL.
 Zip Country

City & State
TAVARES, FL
 Zip Country

4. FEI Number **59-3240982**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**COURTNEY, SCOTT E
 12201 S. PUTNEY COURT
 LEESBURG FL 34788**

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.

SIGNATURE *Scott Courtney* **PRES.** 1/25/00
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.

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	COURTNEY, SCOTT E
STREET ADDRESS	12201 S. PUTNEY COURT
CITY-ST-ZIP	LEESBURG FL 34788
TITLE	D <input type="checkbox"/> Delete
NAME	COURTNEY, HERBERT F
STREET ADDRESS	27936 LOIS DR
CITY-ST-ZIP	TAVARES FL
TITLE	D <input type="checkbox"/> Delete
NAME	COURTNEY, SUSAN
STREET ADDRESS	27936 LOIS DR
CITY-ST-ZIP	TAVARES FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(l), 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: *Scott Courtney* **PRES.** 1/25/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)