

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90029 005 \*\*\*150.00

**DOCUMENT # P94000042487**

1. Entity Name

**GATOR PLUMBING & MECHANICAL PIPING OF CENTRAL FLORIDA, INC.**

Principal Place of Business

5326 LONG RD.  
 ORLANDO FL 32808

Mailing Address

5326 LONG RD.  
 ORLANDO FL 32808

2. Principal Place of Business

192 SOUTH 4TH ST  
 Suite, Apt. #, etc.

3. Mailing Address

192 SOUTH 4TH ST  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKE MARY FL

City & State

LAKE MARY FL

4. FEI Number

59-3254183

Applied For

Not Applicable

Zip

32746

Country

USA

Zip

32746

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

TUCKER, GLENN WAYNE  
 32229 CR 437  
 SORRENTO FL 32776

7. Name and Address of New Registered Agent

Name: GLENN WAYNE TUCKER  
 Street Address (P.O. Box Number is Not Acceptable): 32229 CR 437  
 City: SORRENTO FL Zip Code: 32746

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 \$150.00**  
**After May 1, 2002 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

TITLE: P  
 NAME: TUCKER, GLENN W  
 STREET ADDRESS: 32229 CR 437  
 CITY-ST-ZIP: SORRENTO FL 32776 ☐ Delete

TITLE: VPS  
 NAME: JOHNSON, SCOTT  
 STREET ADDRESS: 192 S. 4TH STREET  
 CITY-ST-ZIP: LAKE MARY FL 32746 ☐ Delete

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
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TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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:

GLENN W TUCKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)