

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000062751

1. Entity Name

RICKS PLUMBING INCORPORATED

Principal Place of Business

7074 121ST WAY N
SEMINOLE, FL 34642

Mailing Address

7074 121ST WAY N
SEMINOLE, FL 34642

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip
33772

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
33772

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAVES, RICHARD J
7074 121ST WAY N
SEMINOLE, FL 33642

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code
33772

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 fee application

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-00

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	CHAVES, RICHARD	7074 121ST WAY N	SEMINOLE, FL 34642	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DP			33772	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	CHAVES, BONNIE	7074 121ST WAY N	SEMINOLE, FL 33772	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	CHAVES, SHARON	7074 121ST WAY N	SEMINOLE, FL 33772	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	CHAVES, KIMBERLY	7074 121ST WAY N	SEMINOLE, FL 33772	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

4-9-00

CR2E034 (9/99)