

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90286 021 ***150.00



DOCUMENT # P94000073592

1. Entity Name
B & G PLUMBING SEWER & DRAIN SPECIALIST, INC.

Principal Place of Business
**10641 TARA DAWN CIRCLE
PENSACOLA FL 32534**

Mailing Address
**10641 TARA DAWN CIRCLE
PENSACOLA FL 32534**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3276134**

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARNES, WILLIAM T
10641 TARA DAWN CIRCLE
PENSACOLA FL 32534**

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 _____
Signature, typed or printed name of registered agent and title if applicable

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BARNES, WILLIAM T.	
STREET ADDRESS	10641 TARA DAWN CIRCLE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHAMPLIAN, MARK	
STREET ADDRESS	10641 TARA DAWN CIRCLE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BARNES, JERRI	
STREET ADDRESS	10641 TARA DAWN CIRCLE	
CITY-ST-ZIP	PENSACOLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/03 *475-5440*
Date Daytime Phone #

CR2E034 (10/02)