## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P94000073811

844 102ND AVE NORTH

NAPLES, FL 34108

Address:

City-St-Zip:

Entity Name: DIXIE PLUMBING SERVICES AND CONTRACTING, INC.

FILED Apr 26, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4069 BAYSHORE DR. NAPLES, FL 34112 **Current Mailing Address: New Mailing Address:** 4069 BAYSHORE DR. NAPLES, FL 34112 FEI Number: 65-0527195 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GOODENOUGH, DAVID S JR. 4069 BAYSHORÉ DRIVE NAPLES, FL 34112 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition GOODENOUGH, DAVID S JR. Name: Name: 4069 BAYSHORE DR. Address: Address: NAPLES, FL City-St-Zip: City-St-Zip: Title: PD Title: (X) Change ( ) Addition ( ) Delete Name: GOODENOUGH, BARBARA L Name: GOODENOUGH, BARBARA L 11598 LONGSHORE WAY WEST 411 PANAY AVE Address: Address: NAPLES, FL NAPLES, FL 34113 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete PD (X) Change ( ) Addition STULLER, DONALD STULLER, DONALD Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DONALD STULLER PD 04/26/2002

10109 WINCHESTER WOOD

NAPLES, FL 34109