

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90370 001 ***300.00

DOCUMENT # P94000087691

1. Entity Name

ALL BAY CONTRACTORS PLUMBING CO. INC

Principal Place of Business
**2202 NORTH HOWARD AVENUE
 TAMPA FL 33607**

Mailing Address
**P O BOX 271132
 TAMPA FL 33688**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3273064

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BANDEL, RICHARD J
 2202 NORTH HOWARD AVENUE
 TAMPA FL 33607**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BANDEL, RICHARD J	
STREET ADDRESS	3802 LITTLE ROAD	
CITY-ST-ZIP	LUTZ FL 33625	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	O'HARA, PATRICK M	
STREET ADDRESS	809 PONCE DE LEON	
CITY-ST-ZIP	BELLAIRE FL 33758	
TITLE	G	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, JUAN	
STREET ADDRESS	16111 BELLE MEADE BLVD	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'Hara Patrick	
STREET ADDRESS	2202 N Howard Ave	
CITY-ST-ZIP	Tampa FL 33607	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gonzalez, JC	
STREET ADDRESS	2202 N Howard Ave	
CITY-ST-ZIP	Tampa FL 33607	
TITLE	Treasurer / Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bandel Richard	
STREET ADDRESS	2202 N Howard Ave	
CITY-ST-ZIP	Tampa FL 33607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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
Richard J. Bandel

Date

4-23-02

Daytime Phone #

813)254-1656

CR2E034 (9/01)