

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90251 044 ***150.00

DOCUMENT # P94000090778

1. Entity Name
ALL SERVICE PLUMBING, INC.



Principal Place of Business
6223 29TH ST E
UNIT 5
BRADENTON, FL 34203

Mailing Address
P.O. BOX 1157
TALLEYVAST, FL 34270-1157

11017507



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

5340 22nd ST E

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BRADENTON FL

City & State

4. FEI Number

65-0548465

Applied For

Not Applicable

Zip

34203

Country

Manatee

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

SPRANG, H. HAROLD
6223 29TH ST E
UNIT 5
BRADENTON, FL 34203

Name **SPRANG, H. HAROLD**

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

5340 22nd ST E

City **BRADENTON**

FL

Zip Code

34203

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

H. Harold Sprang
Signature, typed or printed name of registered agent, and title if applicable.

PRES.

(NOTE: Registered Agent signature required when reinstating)

4/23/03
DATE

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	D	<input type="checkbox"/> Delete
NAME	SPRANG, H. HAROLD	
STREET ADDRESS	6223 29TH ST E UNIT 5	
CITY-ST-ZIP	BRADENTON, FL 34203	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRANG, H. HAROLD	
STREET ADDRESS	5340 22nd ST E	
CITY-ST-ZIP	BRADENTON, FL 34203	
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		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *H. Harold Sprang*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. HAROLD SPRANG

4/23/03

Date

941-758-8225

Daytime Phone #

CR2E034 (10/02)