

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90036 027 ***150.00

DOCUMENT # P95000009406

1. Entity Name

TED CUSHING PLUMBING INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20 E MORNINGVIEW DR

Suite, Apt. #, etc.

3. Mailing Address

20 E MORNINGVIEW DR

Suite, Apt. #, etc.

City & State

EUSTIS, FLORIDA

City & State

EUSTIS, FLORIDA

4. FEI Number

59-3298683

Applied For

Not Applicable

Zip
32726

Country
US

Zip
32726

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
CUSHING, THEODORE E. -SR.

Street Address (P.O. Box Number is Not Acceptable)
20 E MORNINGVIEW DR.

City
EUSTIS

FL

Zip Code
32726

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

**P
CUSHING, SHIRLEY A
20 E MORNINGVIEW DR
EUSTIS, FLORIDA 32726**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**ST
CUSHING, THEODORE E SR
20 E MORNINGVIEW DR
EUSTIS, FLORIDA 32726**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
CUSHING, THEODORE E JR
205 JOSEPHINE STREET
FRUITLAND PARK, FL 34731**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Theodore E. Cushing
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THEODORE CUSHING

352-589-6202

Date

Daytime Phone #

CR2E034B (12/01)