

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000009522

1. Entity Name

THE PLUMBING AUTHORITY INC.

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90013 032 ***150.00

Principal Place of Business

5090 THOMPINS DRIVE
ST. CLOUD FL 34771
US

Mailing Address

THE PLUMBING AUTHORITY
5090 THOMPINS
ST. CLOUD FL 34771
US

741348



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 16

Suite, Apt. #, etc.

1

City & State

SUNSET, S.C.

4. FEI Number 59-3295437

Applied For

Not Applicable

Zip

Country

Zip

Country

29685

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

DOTSON, GERALD K JR
5090 THOMPINS
ST. CLOUD FL 34771

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	DOTSON, BRYAN M.	
STREET ADDRESS	5090 THOMPINS DRIVE	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DOTSON JR., GERALD K.	
STREET ADDRESS	5090 THOMPINS DRIVE	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE		<input type="checkbox"/> Delete
NAME	DOTSON, NORMA G.	
STREET ADDRESS	5090 THOMPINS DRIVE	
CITY-ST-ZIP	ST. CLOUD FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

BRYAN DOTSON

Date

Daytime Phone #

4/3/01 864 868 5558

CR2E034 (10/00)