

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000035214

Entity Name  
JOHN'S PLUMBING, INC.

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90080 021 \*\*\*150.00

Principal Place of Business  
DARTMOUTH STREET  
ORLANDO FL 32804

Mailing Address  
630 DARTMOUTH ST  
ORLANDO FL 32804-5817  
US

00015080

Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3312833**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
  
PERMAR, JOHN W JR.  
630 DARTMOUTH STREET  
ORLANDO FL 32804

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **1-30-00**

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, 2000 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**

| OFFICERS AND DIRECTORS |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|------------------------|--|---|---|
| ADDRESS<br>ST- ZIP     | P<br>PERMAR, JOHN W JR<br>630 DARTMOUTH ST<br>ORLANDO FL 32804 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                        | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                        | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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|                        | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 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: DATE: **1-30-00** DAYTIME PHONE #: **407-895-9997**

CR2E034 (9/99)