

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000042364

1. Entity Name

SASSER'S PLUMBING, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90098 036 ***150.00

Principal Place of Business

Mailing Address

107 BASS AVE
FORT WALTON FL 32548
US

206 PILGRIM AVE
FORTWALTON BEACH FL 32547-3217
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3320845

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

SASSER, PATRICIA
331 WHEELER STREET
FORT WALTON BEACH FL 32548

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, 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

11. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SASSER, MICHAEL | |
| STREET ADDRESS | 331 WHEELER STREET | |
| CITY-ST-ZIP | FORT WALTON BEACH FL 32548 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | FASSBENDER, CARL | |
| STREET ADDRESS | 214 KATHERINE ST | |
| CITY-ST-ZIP | FORT WALTON BCH FL 32548 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | SASSER, ED | |
| STREET ADDRESS | 111 SHELL AVE | |
| CITY-ST-ZIP | FORT WALTON BCH FL 32548 | |
| 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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| 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:

Michael W. Sasser, Michael W. Sasser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/07/00

Date

850-243-8699

Daytime Phone #

CR2E034 (9/99)