

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000053029

1. Entity Name

BUDGET PLUMBING & UTILITY SERVICES, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90012 020 ***150.00

Principal Place of Business

Mailing Address

5625 VERNA BLVD
SUITE 12
JACKSONVILLE FL 32205
US

P.O. BOX 62285
JACKSONVILLE FL 32219-2285



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5625 Verna Blvd.

Suite, Apt. #, etc.

Suite 13

City & State

City & State

Jacksonville, Fla.

Zip

Country

Zip

Country

32205

Duval

4. FEI Number 59-3320872

Applied For

Not Applicable

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

JOHNSON, DAVID E
5625 VERNA BLVD
JACKSONVILLE FL 32205

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | JOHNSON, DAVID E | |
| STREET ADDRESS | 8081 NORMANDY BLVD., #6 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32221 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | JOHNSON, VALERIE L | |
| STREET ADDRESS | 8625 VERNA BLVD STE #13 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32205 | |
| 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 | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Tony B. Stivers | |
| STREET ADDRESS | 7900 Shane Rd. | |
| CITY-ST-ZIP | Jacksonville, Fla. 32219 | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | William N. Pringle | |
| STREET ADDRESS | 4301 Confederate Point Rd. | |
| CITY-ST-ZIP | Jax., Fla. 32210 | |
| TITLE | M | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | James V. Richardville | |
| STREET ADDRESS | 4087 Church Rd. | |
| CITY-ST-ZIP | Callahan, Fla. 32011 | |
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | David E. Johnson | |
| STREET ADDRESS | 5625 Verna Blvd., Suite 13 | |
| CITY-ST-ZIP | Jacksonville, Fla. 32205 | |
| 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:

David E. Johnson

4-18-00

Date

904-781-9242

Daytime Phone #

CR2E034 (9/99)