

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000058732

1. Entity Name

CALOOSA PLUMBING, INC.

Principal Place of Business

2350 CRYSTAL ROAD
FORT MYERS FL 33907

Mailing Address

2350 CRYSTAL ROAD
FORT MYERS FL 33907-4061

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0599256

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

BATES, BARBARA
7141 TWIN EAGLE LANE
FORT MYERS FL 33912

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 PD
NAME ROSARIO, JUAN ☒ Delete
STREET ADDRESS 7141 TWIN EAGLE LANE
CITY-ST-ZIP FORT MYERS FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VSTD
NAME BATES, BARBARA ☐ Delete
STREET ADDRESS 7141 TWIN EAGLE LANE
CITY-ST-ZIP FORT MYERS FL 33912

TITLE
NAME President/Director ☒ Change ☐ Addition
STREET ADDRESS Bates Barbara

TITLE D
NAME MCHALE, GERARD A JR ☐ Delete
STREET ADDRESS 8191 COLLEGE PARKWAY #310
CITY-ST-ZIP FORT MYERS FL 33919

TITLE
NAME VICE President/Director ☒ Change ☐ Addition
STREET ADDRESS MCHALE, Gerard A Jr.

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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

Date

Daytime Phone #

Barbara Bates 3/22/00 278-1110 941-

CR2E034 (9/99)