

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000094516

1. Entity Name
PRESTIGE PLUMBING SERVICE, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90060 030 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

124112 N FLORIDA AVE
TAMPA FL 33612

124112 N FLORIDA AVE
TAMPA FL 33612

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3348998**

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

KAGAN, JOSEPH
1201 SANDLAKE CIRCLE
TAMPA FL 33613

Name Joseph Kagan
Street Address (P.O. Box Number is Not Acceptable)

3401 North Lakeview Dr #804
City Tampa FL Zip Code 33618

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PSTD KAGAN, JOSEPH**
STREET ADDRESS **1201 SANDLAKE CIRCLE**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☒ Change ☐ Addition
NAME PSTD Joseph Kagan
STREET ADDRESS 3401 North Lakeview Dr #804
CITY-ST-ZIP Tampa, FL 33618

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: Joseph Kagan Joseph Kagan President 4-26-2001 813 922 7414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)