

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000030467

1. Entity Name

GARRISON PLUMBING INC.

FILED

Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90216 047 ***150.00

Principal Place of Business	Mailing Address
144 HINTHORNE DR PALM SPRINGS FL 33461 US	144 HENTHORNE DR PALM SPRINGS FL 33461-2008 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
144 Henthorne Dr Suite, Apt. #, etc. Palm Springs, FL City & State 33461 Zip Country US	144 Henthorne Dr Suite, Apt. #, etc. Palm Springs, FL City & State 33461 Zip Country US

4. FEI Number	65-0661516	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
GLASGOW, JANE 144 HENTHORNE DR. PALM SPRINGS FL 33460

7. Name and Address of New Registered Agent
Name same
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 Jane Glasgow - President	DATE 1/11/00
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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: Jane Glasgow / Jane Glasgow	DATE: 1/11/00	DAYTIME PHONE #: (561) 357-5689
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>DATE</small>	<small>DAYTIME PHONE #</small>

CR2E034 (9/99)