

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 21, 2001 8:00 am
Secretary of State

05-21-2001 90342 029 ***150.00

DOCUMENT # P96000067600

1. Entity Name
BOBS OK Plumbing inc

Principal Place of Business 7917 LEO KIDDER
PORT RICHEY FL.

Mailing Address P.O. BOX 1975
NEW PORT RICHEY FL
34656

2. Principal Place of Business 7917 LEO KIDDER
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State Port Richey
Zip 34668 **Country** PASCO

City & State
Zip **Country**

4. FEI Number 59 340 2026 **Applied For** Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RICHARD HUGHES
14531 AUBREY AVE
SPRING HILL FL.
34619

7. Name and Address of New Registered Agent
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]* **DATE**

Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	RICHARD HUGHES	
CITY-ST-ZIP	14531 AUBREY AVE SPRING HILL FL.	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ERIC HUGHES	
CITY-ST-ZIP	7414 DAVIN CT PORT RICHEY FL. 34668	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** RICHARD HUGHES **DATE** 4-27-01 **Daytime Phone #** 727-5477845

CR2E034 (11/00)