

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000083032

1. Entity Name

STONE PLUMBING & MECHANICAL PIPING COMPANY

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90154 009 ***150.00

Principal Place of Business

Mailing Address

810 SARAGOSSA LANE
NORTH PORT FL 34287

P.O. BOX 7129
NORTH PORT FL 34287-0129

2. Principal Place of Business

3. Mailing Address

13325 Tamiami Tr
Suite, Apt. #, etc.

P.O. Box 7129
Suite, Apt. #, etc.

Unit B

City & State
North Port Florida

City & State
North Port Florida

Zip Country
34287 N. America

Zip Country
34287 N. America



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0713799

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

STONE, EDWIN B II
5555 HENNESSY
NORTH PORT FL 34287

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 *Edwin B Stone*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-2000

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
NAME STONE, EDWIN B II
STREET ADDRESS 5555 HENNESSY
CITY-ST-ZIP NORTH PORT FL 33287 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Edwin B Stone*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1-6-2000
Daytime Phone #

CR2E034 (9/99)