

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000003609

1. Entity Name
MCGLO PLUMBING, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90128 038 ***150.00

Principal Place of Business

1605 MORENO AVENUE
FORT MYERS FL 33901

Mailing Address

1605 MORENO AVENUE
FORT MYERS FL 33901

2. Principal Place of Business

94 Mildred Drive

Suite, Apt. #, etc.

Suite D

City & State

Fort Myers, FL

Zip

33901

Country

USA

3. Mailing Address

94 Mildred Drive

Suite, Apt. #, etc.

Suite D

City & State

Fort Myers, FL

Zip

33901

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0723098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LADWIG, RUSSELL J
1605 MORENO AVENUE
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name

Russell J. Ladwig

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

94 Mildred Drive Ste. D

City

Fort Myers,

Zip Code

33901

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]

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when re-registering)

3/13/01

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
LADWIG, RUSSELL J
1605 MORENO AVENUE
FORT MYERS FL 33901 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
913 Dean Way
Fort Myers, FL 33919 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

3/13/01

Date

941-936-8647

Daytime Phone #

CR2E034 (10/00)