

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000006940

1. Entity Name

GEORGE'S PLUMBING OF TALLAHASSEE, INC. ✓

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90008 039 ***550.00

Principal Place of Business

~~4122 SONNETT DR~~ 4929 Outlook Ct
TALLAHASSEE FL 32303
US

Mailing Address

~~4122 SONNETT DRIVE~~
TALLAHASSEE FL 32303
5810-400 N. Monroe St.
PMB # 301
Tallahassee, FL 32303

2. Principal Place of Business

4929 Outlook Ct

3. Mailing Address

5810 N. Monroe St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB # 301

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

59-3424318

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAINTER, GEORGE E
4122 SONNETT DRIVE
TALLAHASSEE FL 32303

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, 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P
NAME PAINTER, GEORGE ☐ Delete
STREET ADDRESS 4122 SONNETT DR
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE VP
NAME PAINTER, CATHY ☐ Delete
STREET ADDRESS 4122 SONNETT DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE PS
NAME PAINTER, TRIPP ☐ Delete
STREET ADDRESS 4122 SONNETT DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/00 850-562-8905
Date Daytime Phone #

CR2E034 (5/00)