

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000006940

1. Entity Name

GEORGE'S PLUMBING OF TALLAHASSEE, INC.

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90014 013 ***150.00

Principal Place of Business

4929 OUTLOOK CT
TALLAHASSEE FL 32303
US

Mailing Address

5810 N MONROE STREET
#301
TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

PAINTER, GEORGE E
4122 SONNETT DRIVE
TALLAHASSEE FL 32303

Name Painter, George E.

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

4929 Outlook Court

City Tallahassee FL Zip Code 32303

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

George E. Painter

4/30/01

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: ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	PAINTER, GEORGE	
STREET ADDRESS	4122 SONNETT DR	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PAINTER, CATHY	
STREET ADDRESS	4122 SONNETT DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	PS	<input type="checkbox"/> Delete
NAME	PAINTER, TRIPP	
STREET ADDRESS	4122 SONNETT DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Painter George	
STREET ADDRESS	4929 Outlook Ct.	
CITY-ST-ZIP	Tallahassee FL 32303	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Painter Cathy	
STREET ADDRESS	4929 Outlook Ct.	
CITY-ST-ZIP	Tallahassee FL 32303	
TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Painter Tripp	
STREET ADDRESS	4929 Outlook Ct.	
CITY-ST-ZIP	Tallahassee FL 32303	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

Daytime Phone #

850-562-8900

CR2E034 (10/00)