

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 97000011829

1. Entity Name

HOUSEHOLD PLUMBING INC.

Principal Place of Business

Mailing Address

203 ESTANCIA ST  
ST AUGUSTINE, FL 32086

2. Principal Place of Business

203 ESTANCIA ST

Suite, Apt. #, etc.

Private House

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

ST AUGUSTINE, FL.

Zip

Country

Zip

Country

32086

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

AC 10/3

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERT EHNING  
203 ESTANCIA ST  
ST AUGUSTINE, FL 32086

Name

JOHN JOYCE

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

4612 2ND AVE

City

ST AUGUSTINE

FL

Zip Code

32095

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)

10-2-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☐ Delete  
NAME ROBERT EHNING  
STREET ADDRESS 203 ESTANCIA ST  
CITY-ST-ZIP ST AUGUSTINE FL 32086

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

TITLE VICE PRESIDENT ☐ Delete  
NAME JOHN JOYCE  
STREET ADDRESS 4612 2ND AVE  
CITY-ST-ZIP ST AUGUSTINE FL 32095

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

TITLE SECRETARY ☐ Delete  
NAME JOHN JOYCE  
STREET ADDRESS 4612 2ND AVE  
CITY-ST-ZIP ST AUGUSTINE FL 32095

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

TITLE TREASURER ☐ Delete  
NAME ROBERT EHNING  
STREET ADDRESS 203 ESTANCIA ST  
CITY-ST-ZIP ST AUGUSTINE FL 32086

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

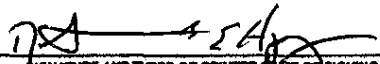
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 807, 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:



ROBERT EHNING PRESIDENT

Date

10-2-01

Daytime Phone #

904-6692047 cell

904-292-4003 Home

CR2034 (11/00)