

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013197

1. Entity Name

C. LACEY PLUMBING, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90068 041 ***150.00

Principal Place of Business

Mailing Address

1400 CLEARWATER-LARGO RD
LARGO FL 33770

1400 CLEARWATER-LARGO RD
LARGO FL 33770-1173

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3434343

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LACEY, CHARLES
1400 CLEARWATER-LARGO RD
LARGO FL 33770

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 Charles LACEY
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Charles Lacey / PRES 3/28/00

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	☐ Delete
NAME	LACEY, CHARLES	
STREET ADDRESS	1400 CLEARWATER-LARGO RD	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	KEVIN LACEY	☐ Delete
NAME	30413TH AVE N.W.	
STREET ADDRESS	LARGO, FL 33770	
CITY-ST-ZIP	U.P.	
TITLE	DONNA LACEY	☐ Delete
NAME	3240 HIBISCUS DR. W. SEC/REES	
STREET ADDRESS	BELLEAIR BCH, FL 33786	
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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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TITLE	☐ Change ☐ Addition
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 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:

CHARLES LACEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Lacey 3/28/00
Date

Daytime Phone #

(227)
581-9883

CR2E034 (9/93)