

2000 UNIFORM BUSINESS REPORT (UBR)

6/7/00-90443-029-\$150.00-\$150.00

APPROVED
AND
FILED

Py 10/2

DOCUMENT # P97000076869

1. Entity Name

MASTER'S PLUMBING COMPANY, INC.

Principal Place of Business

321 ST ANDREWS DR
NICEVILLE FL 32588

Mailing Address

P.O. BOX 1011
NICEVILLE FL 32588-1011

2. Principal Place of Business

112-13 Wise Ave.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1011
Suite, Apt. #, etc.

City & State

Niceville, FL.

City & State

Niceville, FL.

4. FEI Number

59-3465217

Applied For

Not Applicable

Zip

32578

Country

OKALOOSA

Zip

32588

Country

OKALOOSA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANCIS, KENNETH E
1043 47TH STREET
NICEVILLE FL 32578

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 \$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

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FRANCIS, KENNETH E | |
| STREET ADDRESS | 321 ST ANDREWS | |
| CITY-ST-ZIP | NICEVILLE FL 32578 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | KENNEDY, DEBRA A | |
| STREET ADDRESS | 321 ST ANDREWS | |
| CITY-ST-ZIP | NICEVILLE FL 32578 | |
| 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 | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| 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 | | |
| 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:

Kenneth E Francis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00

Date

850-729-2588

Daytime Phone #

CR05024 (08/99)

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314
Attn: Michelle Milligan

75.2 of 2

Please find attached copies of the annual report/uniform business report for Kevrick Corporation and Master's Plumbing Company, Inc. These forms were filed in a timely manner and request that the penalty be waived. These forms were mailed out on April 29, 2000.

Thank you,

Debra Kennedy
Master's Plumbing Company, Inc.
Kevrick Corporation
P.O. Box 1011
Niceville, Fl. 32588
850-729-2588