

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2003 8:00 am
Secretary of State

08-27-2003 90076 028 ***150.00

0125570 AT

DOCUMENT # P97000076869

1. Entity Name

MASTER'S PLUMBING COMPANY, INC.



Principal Place of Business

**112-B WISE AVE.
NICEVILLE FL 32578**

Mailing Address

**P.O. BOX 1011
NICEVILLE FL 32588**

2. Principal Place of Business

1405 29th ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Niceville Florida

City & State

Zip

Country

32578

4. FEI Number

59-3465217

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D FRANCIS, KENNETH E**
STREET ADDRESS **321 ST ANDREWS**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE ☐ Delete
NAME **T KENNEDY, DEBRA A**
STREET ADDRESS **321 ST ANDREWS**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE ☐ Delete
NAME **BWA**
STREET ADDRESS
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

11. 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 **D Charles C. Crane**
STREET ADDRESS **290 AVT MARTIN Rd.**
CITY-ST-ZIP **DeFuniak Springs, FL 32433**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

KENNETH E. FRANCIS 8/25/03 880-254-9944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

master's

plumbing company, inc.

NEW CONSTRUCTION

P.O. BOX 1011

NICEVILLE, FL. 32588-1011

REPAIR SERVICE

850-729-2588

MOBILE 259-9944 RF-0066926

80141223
HP97000076869

To whom it may concern:

Master's Plumbing Company, Inc. did not receive the prior notice, "Uniform Business Report"

Enclosed is the \$150.00 filing fee and the completed report.

Thank You.


Kenneth E. Francis, Pres.

8/25/03