

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90477 011 ***158.75

DOCUMENT # P97000079640

1. Entity Name
SPENGLER PLUMBING SERVICE, INC.



Principal Place of Business
4282 PROGRESS AVENUE
UNIT # A31
NAPLES FL 34104
US

Mailing Address
535 CARPENTER COURT
NAPLES FL 34110



2. Principal Place of Business

3836 Exchange Ave.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Zip

34104

Country

US

Country

4. FEI Number **59-3467613**

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

BUTERA, TERRY R
535 CARPENTER COURT
NAPLES FL 34110

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 \$150.00

After May 1, 2003 Fee will be \$550.00

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS**
NAME **BUTERA, TERRY R**
STREET ADDRESS **535 CARPENTER COURT**
CITY-ST-ZIP **NAPLES FL 34110**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **VS**
NAME **PHILLIPPI, DAVID M**
STREET ADDRESS **683 25TH STREET NW**
CITY-ST-ZIP **NAPLES FL 34120**

☐ Delete

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CR2E034 (10/02)

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:

DAVID M PHILLIPPI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-03 (239) 597-2301

Date

Daytime Phone #