

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90566 011 ***550.00

DOCUMENT # P97000080504

1. Entity Name

CARSON PLUMBING SERVICES, INC.



Principal Place of Business

**3307 S WESTSHORE BLVD
TAMPA FL 33629**

Mailing Address

**3307 S WESTSHORE BLVD
TAMPA FL 33629**

672740



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3471535

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

MOWELL, RAY

**3307 S WESTSHORE BLVD
TAMPA FL 33629**

Name

John S. Osborne

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

128 Sherwood 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

John S. Osborne

John S. Osborne

7/3/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **P** ☐ Delete
NAME **OSBORNE, JOHN S**
STREET ADDRESS **128 SHERWOOD AVE**
CITY-ST-ZIP **ST AUGUSTINE FL 32095**

TITLE **S** ☒ Delete
NAME **COOKUS, ROBERT J**
STREET ADDRESS **5220 STATE RD 579, #58**
CITY-ST-ZIP **SEFFER FL 33584**

TITLE **D** ☐ Delete
NAME **OSBORNE, FRANCIS ANN**
STREET ADDRESS **128 SHERWOOD AVE**
CITY-ST-ZIP **ST AUGUSTINE FL 32095**

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 **Osborne, John C**
STREET ADDRESS **128 Sherwood Ave**
CITY-ST-ZIP **St. Augustine, FL**

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

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:

John S. Osborne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. Osborne 813 289 8867

7/3/01

Daytime Phone #

CR2E034 (5/01)