

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90305 049 \*\*\*150.00

043425

**DOCUMENT # P97000081847**

1. Entity Name  
**CONSTANTINE PLUMBING, INC.**

Principal Place of Business

433 ORANGE AVE  
 ST CLOUD FL 34769  
 US

Mailing Address

433 ORANGE AVE  
 ST CLOUD FL 34769  
 US

2. Principal Place of Business

12 EAST 127<sup>th</sup> ST  
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 702407  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ST CLOUD, FL ~~34769~~

City & State

ST CLOUD FL ~~34769~~

4. FEI Number

59-3463539

Applied For

Not Applicable

Zip

34769

Country

USA

Zip

34770

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CONSTANTINE, PATRICK R  
 433 ORANGE AVE  
 ST CLOUD FL 34769

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 **PATRICK R. CONSTANTINE PRES.**  
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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DP	CONSTANTINE, PATRICK R		
433 ORANGE AVE	ST CLOUD FL 34769		
DS	CONSTANTINE, MELISSA A		
433 ORANGE AVE	ST CLOUD FL 34769		

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: **PATRICK R. CONSTANTINE** 3/5/01 407-892-1554  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)