

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90010 018 ***158.75

0054983 SP

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1. Entity Name
CONSTANTINE PLUMBING, INC.

Principal Place of Business
**12 EAST 127TH ST
 ST CLOUD FL 34769
 US**

Mailing Address
**PO BOX 70247 — 702407
 ST CLOUD FL 34770
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12 E 127th ST
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 702407
 Suite, Apt. #, etc.

City & State
ST. CLOUD, FLORIDA

City & State
ST. CLOUD, FL.

Zip
34769

Country
OSCEOLA

Zip
34770-2407

Country
OSCEOLA

4. FEI Number
59-3463539

Applied For
 Not Applicable

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 *N/A* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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		
	<i>N/A</i>		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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* 1-11-02 407-892-1554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)