

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90008 035 ***150.00

DOCUMENT # P97000103923

1. Entity Name
FLORIDA WEST PLUMBING CO., INC.

Principal Place of Business
1695 W GROVELEAF AVE.
PALM HARBOR FL 34683

Mailing Address
35246 US 19 N #241
PALM HARBOR FL 34683



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4802 Parson Brown La
 Suite, Apt. #, etc.

3. Mailing Address
4802 Parson Brown La
 Suite, Apt. #, etc.

City & State
Palm Harbor, FL
 Zip
34684
 Country

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Palm Harbor, FL
 Zip
34684
 Country

4. FEI Number
59-3488126

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THEIS, S. JOHN
2300 CURLEW RD.
CLEARWATER FL 34683

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 _____ (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, 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

TITLE **PST** ☐ Delete
 NAME **MALONEY, BERNARD**
 STREET ADDRESS **1695 W. GROVELEAF AVE.**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☒ Change ☐ Addition
 NAME **Maloney, Bernard**
 STREET ADDRESS **4802 Parson Brown La.**
 CITY-ST-ZIP **Palm Harbor, FL 34684**

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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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 **Bernard P. Maloney Jr.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **23 April 02** Daytime Phone # **(727) 789-4295**

CR2E034 (9/01)