1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000108164

1. Corporation Name

STATEWIDE PLUMBING, INC.

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90006 044 ***150.00



Principal Place	e of Business	Mail	ing Address						1 : 10 ((10) : 10 (0)()) 00 (1 00)(1 00)(1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
842 GEORGE STREET P.O. BOX 781034												
SEBASTIAN FL 32958 SEBASTIAN FL 32978-1034				ļ								
							\perp		DO NOT WRITE	IN THIS	SPACE	
							3		Date Incorporated or Qualifed 12/24/1997			}
2. Principal Pl	lace of Business	2a. 1	Mailing Address				4	4. 1	FEI Number		Ap	plied For
21		26						- !	59-3484829		No	t Applicable
Suite, Apt.	#, etc.	 1	Suite, Apt. #, etc.					5. (Certifcate of Status Desired [\$8.75 / Fee Re	ſ
22		27	Dit. 8 Ctata						The state of the s			
City & State	е	28	City & State				•		Election Campaign Financing Trust Fund Contribution		\$5.00 Added	, ,
Zip	Country		Zip	Cou	ntry	·	1	8.	This corporation owes the current			
24	25	29		30					Personal Property Tax.		<u>=:</u>	₩
	9. Name and Address of Cu	urrent Registe	red Agent		Ĺ			0.	Name and Address of New Reg	gistered A	<u> gent</u>	
D/71/	O LUCIEN I				81	Name						
	o, Lucien J George Street				82	Street A	Address	(P.	O. Box Number is Not Acceptable	e)		
	ASTIAN FL 32958				83							
					04	O'h					85 Zip (Code
					84	City				<u>FL</u>] '	
office or r	enistered agent or both in the S	State of Florida	- Such change was a	HITOOTIZEO	1 DV I	ine corpo	corporati tration's	ion boa	submits this statement for the pu ard of directors. I hereby accept t	rpose of c the appoin	hanging its tment as re	registered gistered
agent, i a	m familiar with, and accept the o	obligations of, S	Section 607.0505, Flo	orida Stati	utes.							.
SIGNATURE	Steen to hand as printed name of registers	ad agent and little if a	innlicable (NOTE	Registered	Agent	t signature re-	auired whe	en rei	instating)	DATE		
	Signature, typed or printed name of registere OFFICER	ed agent and title if a		Registered	Agent	t signature re-	equired whe		instating) DDITIONS/CHANGES TO OFFIC		D DIRECTO	DRS IN 12
SIGNATURE 12. TITLE						t signature re	equired when				D DIRECTO	DRS IN 12
12.	OFFICER		TORS	13.	nE	t signature re	equired when					
12. TITLE NAME	OFFICER:		TORS	13. 1.1 T/ 12 N/	TLE AME	t signature re	equired when					
12. TITLE NAME STREET ADDRESS	P RIZIO, LUCIEN JAMES 842 GEORGE ST		TORS	13. 1.1 TI 12 N/ 1.3 ST	TLE AME	ADDRESS	oquired when					
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14. 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 annual report or supplemental annual 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 of the true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or the property of the corporation of the receiver of the corporation or the receiver of the corporation of the corporation

SIGNATURE:

PYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR