

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108164

1. Entity Name

STATEWIDE PLUMBING, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90119 017 ***150.00

Principal Place of Business

Mailing Address

GEORGE STREET
FL 32958

P.O. BOX 781034
SEBASTIAN FL 32978-1034

2. Principal Place of Business

525 Drawdy Way
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Sebastian FL

Zip

32958

Country

Indian River

Zip

Country

6. Name and Address of Current Registered Agent

RIZIO, LUCIEN J
842 GEORGE STREET
SEBASTIAN FL 32958

4. FEI Number

59-3484829

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

525 Drawdy Way

City

Sebastian

FL

Zip Code

32958

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/28/00

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	RIZIO, LUCIEN JAMES	
STREET ADDRESS	842 GEORGE ST	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RIZIO, MARCOS A.	
STREET ADDRESS	DRAWDY WAY	
CITY-ST-ZIP	SEBASTIAN FL 32950	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RIZIO, LEONARD E	
STREET ADDRESS	525 DRAWDY WAY	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Rizio, Lucien James		
STREET ADDRESS	525 Drawdy way		
CITY-ST-ZIP	Sebastian FL 32958		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lucien Rizio 2-28-00 (561) 473-9565
Date Daytime Phone #

CR2E034 (9/99)