

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-04-2000 90119 017 ***150.00

DOCUMENT # P97000108164

1. Entity Name
STATEWIDE PLUMBING, INC.

Principal Place of Business: **GEORGE STREET FL 32958**
 Mailing Address: **P.O. BOX 781034 SEBASTIAN FL 32978-1034**

2. Principal Place of Business: **525 Drawdy Way**
 Suite, Apt. #, etc.

City & State: **Sebastian FL**
 Zip: **32958**
 Country: **Indian River**



DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-3484829**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIZIO, LUCIEN J
842 GEORGE STREET
SEBASTIAN FL 32958

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:

DATE: **2/28/00**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------|--|
| 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 | | |

| | | |
|----------------|----------------------------|--|
| 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 | | |

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: **Lucien Rizio** 2-28-00 (561)473-9565
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)