

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90004 046 ***150.00

DOCUMENT # P97000108164

1. Entity Name
STATEWIDE PLUMBING, INC.

Principal Place of Business

**525 DRAUTHY WAY
 SEBASTIAN FL 32958**

Mailing Address

**P.O. BOX 781034
 SEBASTIAN FL 32978-1034**

2. Principal Place of Business

955 STARFLOWER AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
SEBASTIAN FL.

City & State

4. FEI Number **59-3484829**

Applied For
 Not Applicable

Zip
32958

Country
INDIAN RIVER

Zip

Country

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

**RIZO, LUCIEN J
 525 DRAUTHY WAY
 SEBASTIAN FL 32958**

SEE Address Change - SAME Reg. Agent New Address

Name **LUCIEN J. RIZO**

Street Address (P.O. Box Number is Not Acceptable)
955 STARFLOWER AVE.

City **SEBASTIAN**

FL

Zip **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 _____ (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, 2001 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	RIZO, LUCIEN JAMES	
STREET ADDRESS	525 DRAUTHY WAY 955 STARFLOWER AVE.	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RIZO, MARCOS A.	
STREET ADDRESS	DRAUTHY WAY 955 STARFLOWER AVE.	
CITY-ST-ZIP	SEBASTIAN FL 32958-32958	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **LUCIEN J. RIZO (Pres.)** 4/25/01 561-473-9565
 _____ Date Daytime Phone #

CR2E034 (10/00)