

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

0563629 AT

DOCUMENT # **P97000108164**

1. Entity Name  
**STATEWIDE PLUMBING, INC.**

01-14-2002 90057 006 \*\*\*150.00

Principal Place of Business      Mailing Address  
**955 STARFLOWER AVE**      **P.O. BOX 781034**  
**SEBASTIAN FL 32958**      **SEBASTIAN FL 32978-1034**

80002145



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**6855 Woodmere Rd.**

3. Mailing Address

Suite, Apt. #, etc.  
**Bay 6**

Suite, Apt. #, etc.

City & State  
**Sebastian FL**

City & State

4. FEI Number **59-3484829**

Applied For  
 Not Applicable

Zip  
**32958**

Country  
**U.S.A.**

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.**  
**955 STARFLOWER AVE**  
**SEBASTIAN FL 32958**

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 \_\_\_\_\_  
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**  Delete  
 NAME **RIZO, LUCIEN JAMES**  
 STREET ADDRESS **955 STARFLOWER AVE**  
 CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP**  Delete  
 NAME **RIZO, MARCOS A.**  
 STREET ADDRESS **955 STARFLOWER AVE**  
 CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE  Change  Addition  
 NAME **MARCUS**  
 STREET ADDRESS  
 CITY-ST-ZIP **32958**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**RIZO Pres. 1/4/02 561-473-9565**

CR2E034 (9/01)