

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108164

1. Entity Name
STATEWIDE PLUMBING, INC.

Principal Place of Business
955 STARFLOWER AVE
SEBASTIAN FL 32958

Mailing Address
P.O. BOX 781034
SEBASTIAN FL 32978-1034

2. Principal Place of Business
6855 Woodmere Rd.
Suite, Apt. #, etc.
Bay 6
City & State
Sebastian FL
Zip
32958
Country
U.S.A.

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

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

01-14-2002 90057 006 ***150.00

80002145



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

RIZIO, LUCIEN J.
955 STARFLOWER AVE
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	RIZIO, LUCIEN JAMES	
STREET ADDRESS	955 STARFLOWER AVE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RIZIO, MARCOS A.	
STREET ADDRESS	955 STARFLOWER AVE	
CITY-ST-ZIP	SEBASTIAN FL 32950	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MARCUS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	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:

[Signature] RIZIO Pres. 1/4/02 561-473-9565

0503029 AT

CR2E034 (9/01)