

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90011 030 ***150.00

DOCUMENT # P98000018564

1. Entity Name

MOYER PLUMBING, INC.

Principal Place of Business

**3585 N.E. SKYLINE DR.
 JENSEN BEACH FL 34957**

Mailing Address

~~3585 N.E. SKYLINE DR.~~ **P.O. Box 1271**
JENSEN BEACH FL 34957
34958

2. Principal Place of Business

3. Mailing Address

P.O. Box 1271

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
JENSEN BEACH, FL

4. FEI Number

65-0816620

Applied For

Not Applicable

Zip

Country

Zip

Country

34958

USA

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

**MOYER, ROBERT S
 3585 N.E. SKYLINE DR.
 JENSEN BEACH FL 34957**

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, 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 **D** ☐ Delete
 NAME **MOYER, ROBERT S**
 STREET ADDRESS **3585 N.E. SKYLINE DR.**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **MOYER, KIMBERLY L**
 STREET ADDRESS **3585 NE SKYLINE DR**
 CITY-ST-ZIP **JENSEN BCH FL 34957**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **MOYER, DEBORAH**
 STREET ADDRESS **3585 NE SKYLINE DR**
 CITY-ST-ZIP **JENSEN BCH FL 34957**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: Kimberly L Moyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-01

Date

561-334-4967

Daytime Phone #

CR2E034 (10/00)