

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10/12

DOCUMENT # P98000024644

1. Entity Name *Tri-County Plumbing of Wakulla, Inc*

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT -9 PM 3:38

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

82 Culbreath Ln Crawfordville Fla.

3. Mailing Address

82 Culbreath Ln Crawfordville

00-02 UBR
DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
Crawfordville Fla.

Suite, Apt. #, etc.
Crawfordville Fla.

City & State
Crawfordville Fla.

City & State
Crawfordville Fla.

4. FEI Number
59-3500438

Applied For
Not Applicable

Zip
32327

Country
Wakulla

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name *Gary Perkins*
Street Address (P.O. Box Number is Not Acceptable)
82 Culbreath Ln.
City *Crawfordville* FL Zip Code *32327*

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/9/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<i>President Gary Perkins 82 Culbreath Ln. Crawfordville Fla. 32327</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President Bill Laird 70 Laird Ln. Crawfordville Fla. 32327</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer Ernest E Nichols 1505 Sand Rd Tallahassee Fla. 32310</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary Billy B. Rathol 3128 Shadeville Hwy Crawfordville Fla. 32327</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>100008602531 10/25/02--01121--021 ***450.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/02

Date

Daytime Phone #

CR2E034B (12/01)

Cell 2

I Gary Perkins President
of Tri-County Plumbing of Wakulla
Inc. Did not Receive 2000 CBR,S
D98000024644 To Maintain
my Corporate Status and I
wish to Waive Reinstatement Fee

G. P.