

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT 10 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P-98000045876**

1. Entity Name
A. All Pro Plumbing Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2810 Parkway Street
Suite, Apt. #, etc.
Unit #3**

3. Mailing Address

**P.O. Box 93301
Suite, Apt. #, etc.**

REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

City & State
Lakeland FL

City & State
Lakeland FL

4. FEI Number
593512565

Applied For
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name
John A. DiSarro

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

1554 Royal Forest Loop

City
Lakeland

FL

Zip Code
33811

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John A. DiSarro

JOHN A. DiSARRO President 10/7/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
John DiSarro
1554 Royal Forest Loop
Lakeland FL 33811**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500023710815

10/10/03--01053--020 **158.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

John A. DiSarro

JOHN A. DiSARRO

10/7/03

863-648-5712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/02)

27 10/13

A.All Pro Plumbing Inc.
P.O. Box 93301
Lakeland, Fl 33804

October 7, 2003
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

A.AllPro Plumbing Inc. has changed locations. As a result we did not receive a UBR and subsequently it was not filed. Please reactivate our corporation FEI# 593512565 / Document # P98000045876. I would also request that the late filing fee and reactivation fee be waived as we did not receive a UBR. Our new physical address is 2810 Parkway ST. Lakeland Fl 33811. Our new mailing address is P.O. Box 93301 Lakeland Fl 33804. Thank you for you time and consideration of this matter.

John DiSarro
President

A handwritten signature in black ink, appearing to read "John DiSarro", written over a horizontal line.



5500 ORANGE AVENUE • FORT PIERCE, FLORIDA 34947 • TELEPHONE 561•461•1746

OCTOBER 9, 2003

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FLORIDA 32399

RE MILLER BROTHERS OF BREVARD COUNTY
P02000015710

GENTLEMEN:

I AM IN RECEIPT OF THE CERTIFICATE OF DISSOLUTION OR REVOCATION
OF THE ABOVE CORPORATION, WHICH WAS FORWARDED TO ME FROM
THE PRINCIPAL PLACE OF BUSINESS.

THE MAILING ADDRESS ON FILE IS INCORRECT AND THE CENTRAL OFFICE
DID NOT RECEIVE ANY IBR NOTICES. I AM ENCLOSING THE EXECUTED
REINSTATEMENT APPLICATION ALONG WITH PAYMENT AND
RESPECTFULLY REQUEST A WAIVER OF THE REINSTATEMENT FEE.

THANK YOU FOR YOUR COOPERATION AND ASSISTANCE IN THIS REGARD.

PLEASE DIRECT ALL FUTURE CORRESPONDENCE TO MILLER BROS,
INC., 5500 ORANGE AVENUE, FT PIERCE, FLORIDA 34947.

SINCERELY YOURS
MILLER BROS INC OF BREVARD COUNTY

A handwritten signature in black ink, appearing to read "G. D. Miller". The signature is fluid and cursive, written over the printed name.

GEORGE D. MILLER,
OFFICER/REGISTERED AGENT

ENCLOSURES