

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057275

1. Entity Name

D & M PIPING SPECIALTY, INC.

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90158 003 ***150.00

Principal Place of Business

339 TERESA DR.
LARGO FL 33770

Mailing Address

339 TERESA DR.
LARGO FL 33770

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3520013

Applied For

Not Applicable

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

LEGROS, MAURICE
339 TERESA DR.
LARGO FL 33770

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PS ☐ Delete
NAME LAGROS, MAURICE G
STREET ADDRESS 339 TEREGA DR.
CITY-ST-ZIP LARGO FL 33770

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

TITLE VP ☐ Delete
NAME KUIPER, DAVID
STREET ADDRESS 715 LIVE OAK ST.
CITY-ST-ZIP TARPON SPRINGS FL 34689

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/00 (727) 480-5078
Date Daytime Phone #

CR21034 (5/00)

P92000057275

AD669198

D&M PIPING SPECIALTY, INC.
339 TERESA DRIVE
LARGO, FL 33770-1490
FEI # 593520013

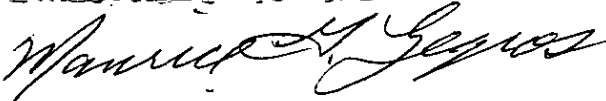
JULY 15TH, 2000

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DEAR SIRS,

AS PER OUR PHONE CONVERSATION OF JULY 13TH, 2000, I AM
WRITING TO INFORM YOU THAT WE NEVER RECEIVED THE FIRST
2000 UBR NOTICE, AND AS PER YOUR REQUEST WE HAVE ENCLOSED A
PAYMENT OF \$150.00.

SINCERELY



D&M PIPING SPECIALTY, INC.
MAURICE G. LEGROS (PRESIDENT)