

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059972

1. Entity Name

GEROCO PLUMBING CONTRACTING, CORP.

**FILED**  
**Aug 11, 2000 8:00 am**  
**Secretary of State**

08-11-2000 90054 009 \*\*\*550.00

Principal Place of Business

Mailing Address

9593 LAKE DOUGLAS PLACE  
ORLANDO FL 32817

9593 LAKE DOUGLAS PLACE  
ORLANDO FL 32817-2646

2. Principal Place of Business

3. Mailing Address

214 N. Goldenrod Road

214 N. Goldenrod Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit #5A

Unit #5A

City & State

City & State

Orlando FL

Orlando, FL

Zip

Country

Zip

Country

32807

USA

32807

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3546678

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

ROMA, GEORGE L  
9593 LAKE DOUGLAS PLACE  
ORLANDO FL 32817

Name

Roma, George L

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

214 N. Goldenrod Rd.

Unit #5A

City

Orlando

FL

Zip Code

32807

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	P ROMA, GEORGE L 9593 LAKE DOUGLAS PLACE ORLANDO FL 32817	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Roma, George L 214 N. Goldenrod Rd./UNIT 5A Orlando, FL 32807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*George L. Roma*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/00  
Date

407-381-2577  
Daytime Phone #

CR2E034 (9/99)