

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063816

1. Entity Name

KEITH WILLIAMS PLUMBING, INC.

**FILED**  
**Feb 19, 2000 8:00 am**  
**Secretary of State**

02-19-2000 90003 024 \*\*\*150.00

Principal Place of Business

Mailing Address

2253 EL DE ORO CIRCLE  
CLEARWATER FL 33764

2253 EL DE ORO CIRCLE  
CLEARWATER FL 33764

2. Principal Place of Business

1351 Irving Ave.

Suite, Apt. #, etc.

3. Mailing Address

1351 Irving Ave.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

59-3525162

Applied For

Not Applicable

Zip

33576

Country

U.S.

Zip

33576

Country

U.S.

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

NATIONSCORP REGISTERED AGENTS, INC..  
526 E PARK AVE  
TALLAHASSEE FL 32301

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, 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 PD  
NAME WILLIAMS, KEITH  
STREET ADDRESS 2253 EL DE ORO CIRCLE  
CITY-ST-ZIP CLEARWATER FL 33764 ☐ Delete

TITLE TD  
NAME WILLIAMS, PAULA J  
STREET ADDRESS 2253 EL DE ORO CIRCLE  
CITY-ST-ZIP CLEARWATER FL 33764 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE PD  
NAME Williams, Keith  
STREET ADDRESS 1351 Irving Ave.  
CITY-ST-ZIP Clearwater FL 33756 ☒ Change ☐ Addition

TITLE TD  
NAME Williams Paula J.  
STREET ADDRESS 1351 Irving Ave.  
CITY-ST-ZIP Clearwater FL 33756 ☒ Change ☐ Addition

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

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

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

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

KEITH WILLIAMS, Pres.

2/1/00

(727) 523-7342

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)