

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90278 038 ***150.00

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DOCUMENT # P98000076336

1. Entity Name
NORTHSTAR PLUMBING & PIPING, INC.



Principal Place of Business
**6840 WOMANS CLUB DR
KEYSTONE HEIGHTS FL 32656
US**

Mailing Address
**6840 WOMANS CLUB DR
KEYSTONE HEIGHTS FL 32656
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3531786**

Applied For
Not Applicable

Zip Country

Zip Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DYKES, MARK
600 SW DOVE ST
KEYSTONE HEIGHTS FL 32656**

Name
Street Address (P.O. Box Number is Not Acceptable)
6840 WOMANS CLUB DRIVE
City **Keystone Hgts** FL Zip Code **32656**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DYKES, MARK	
STREET ADDRESS	6840 WOMANS CLUB DR	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HERSEY, HUEY	
STREET ADDRESS	7008 DEER SPRINGS LAKE	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	T	<input type="checkbox"/> Delete
NAME	DYKES, DEREK	
STREET ADDRESS	CRESAP ARMS #438 NW 15 STREET	
CITY-ST-ZIP	GAINESVILLE FL 32603	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Dykes 4/15/03 352-473-5333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)