

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088745

1. Entity Name

PLUMBING BY JAMES MORROW, INC.

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90037 027 \*\*\*150.00

Principal Place of Business

5409 FERROL DRIVE  
WINTER PARK FL 32792

Mailing Address

5409 FERROL DRIVE  
WINTER PARK FL 32792

2. Principal Place of Business

*Same as above*

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **46-0431398**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORROW, JAMES A  
5409 FERROL DRIVE  
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name

*No change*

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)

*already filed for the year*

~~FILE NOW!!! FEE IS \$150.00~~

After MA <sup>(1)</sup> 2001 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

TITLE **DP** ☐ Delete  
NAME **MORROW, JAMES ANDREW**  
STREET ADDRESS **5409 FERROL DRIVE**  
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **DST** ☐ Delete  
NAME **MORROW, DONITA B**  
STREET ADDRESS **5409 FERROL DRIVE**  
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **VP** ☐ Delete  
NAME **LOPEZ, GREGORIO**  
STREET ADDRESS **6378 NEW HOPE RD**  
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*James Morrow*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-24-01*  
Date

Daytime Phone #

CR2E034 (10/00)

0059307