

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90120 030 ***150.00

C0053171

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000091235

1. Entity Name

JUSTIN CASE PLUMBING SPECIALIST, INC.

Principal Place of Business

10415 TEMPLEWOOD COURT
SPRING HILL, FL 34608

Mailing Address

POST OFFICE BOX 3386
SPRING HILL, FL 34608

2. Principal Place of Business

18833 Sakera Road

3. Mailing Address

P. O. Box 3386

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hudson, FL

City & State

Spring Hill, FL

4. FEI Number

59-3578814

Applied For

Not Applicable

Zip

34667

Country

USA

Zip

34608

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DARRYL W JOHNSTON, ESQUIRE
29 SOUTH BROOKSVILLE AVENUE
BROOKSVILLE, FL 34601

7. Name and Address of New Registered Agent

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, 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: PRESIDENT
NAME: JOHN ASHER
STREET ADDRESS: 10415 TEMPLEWOOD COURT
CITY-ST-ZIP: SPRING HILL, FL 34608

TITLE: VICE PRESIDENT
NAME: JOHN TAYLOR
STREET ADDRESS: 5813 LITTLE RIVER DRIVE
CITY-ST-ZIP: TAMPA, FL 33615

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PRESIDENT
NAME: JOHN ASHER
STREET ADDRESS: 18833 SAKERA ROAD
CITY-ST-ZIP: HUDSON, FL 34667

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)