

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90079 025 ***150.00

0560521 AV

DOCUMENT # P98000094493

1. Entity Name
DRAIN AWAY PLUMBING, INC.

Principal Place of Business

598 BAYWOOD DR. S
DUNEDIN FL 34698

Mailing Address

598 BAYWOOD DR. S
DUNEDIN FL 34698

2. Principal Place of Business

1100 Godfrey Ave

Suite, Apt. #, etc.

3. Mailing Address

1100 Godfrey Ave

Suite, Apt. #, etc.

City & State

Spring Hill, Florida

Zip

34609

Country

USA

City & State

Spring Hill, FL

Zip

34609

Country

USA

4. FEI Number

59-3542677

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIECKER, VERONICA L
598 BAYWOOD DR. S
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name

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

1100 Godfrey Ave

City

Spring Hill

FL

Zip Code

34609

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

Veronice Spiecker **21502**

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, 2002 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 ☐ Delete
NAME **P SPIECKER, JOSEPH R**
STREET ADDRESS **598 BAYWOOD DR. S**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 **P Spiecker, Joseph R**
STREET ADDRESS **1100 Godfrey Ave**
CITY-ST-ZIP **Spring Hill, FL 34609**

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

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

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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:

Joseph R Spiecker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-02 **7277347397**

Date

Daytime Phone #

CR2E034 (9/01)