

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099012

1. Entity Name

ANDY STEPHENS PLUMBING, INC.

FILED

Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90067 001 \*\*\*150.00

Principal Place of Business

Mailing Address

5634 N.E. 61ST AVENUE ROAD  
SILVER SPRINGS FL 34488

5634 N.E. 61ST AVENUE ROAD  
SILVER SPRINGS FL 34488-1240

00010400

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0880977

Applied For

Not Applied For

Zip

Country

Zip

Country

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

STEPHENS, BARBARA J  
5634 N.E. 61ST AVENUE ROAD  
SILVER SPRINGS FL 34488

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

*Barbara J. Stephens, Secretary (Barbara J. Stephens)*

1/15/00

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) **S-Corp.** ☒

**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 PTD ☐ Delete  
NAME STEPHENS, ANDY  
STREET ADDRESS 5634 N.E. 61ST AVENUE ROAD  
CITY-ST-ZIP SILVER SPRINGS FL 34488

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

TITLE SD ☐ Delete  
NAME STEPHENS, BARBARA J  
STREET ADDRESS 5634 N.E. 61ST AVENUE ROAD  
CITY-ST-ZIP SILVER SPRINGS FL 34488

TITLE ☒ Change ☐ Addition  
NAME *V/S/D*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV ☒ Delete  
NAME STEPHENS, RONALD N  
STREET ADDRESS RT. 3, BOX 457  
CITY-ST-ZIP CUTHBERT GA 31740

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

*Barbara J. Stephens, Secretary (Barbara J. Stephens)*

1/15/00

352-236-5376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #