

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90030 018 ***150.00

DOCUMENT # P98000108100

1. Entity Name

G.A.C. PLUMBING PRODUCTS, INC.

Principal Place of Business

Mailing Address

5901 SUN BLVD.
SUITE 202
ST. PETERSBURG FL 33715

5901 SUN BLVD.
SUITE 202
ST. PETERSBURG FL 33715-1161

2. Principal Place of Business

3. Mailing Address

3639 CENTRAL Avenue **3639 central Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG - FL

City & State

ST. Petersburg - FL

Zip
33713

Country

USA

Zip
33713

Country

USA

4. FEI Number

59-3555394

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

JACOBSON, RICHARD A
501 E. KENNEDY BLVD., STE. 1700
TAMPA FL 33602

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, 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 ☐ Delete
NAME **D**
STREET ADDRESS **ORLANDI, ROBERTO**
CITY-ST-ZIP **6365J BAHIA DEL MAR BLVD.**
ST. PETERSBURG FL 33715

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/00

Date

(727) 328-7871

Daytime Phone #