2002 UNIFORM BUSINESS REPORT (UBR)

Jul 08, 2002 8:00 am P99000011518 Secrétary of State DOCUMENT # 1. Entity Name 07-08-2002 90232 030 ***550 00 APSCO PLUMBING, INC. Principal Place of Business Mailing Address 8 SOUTHWIND DR. 6-SOUTHWIND DR.-B0127171 BELLEAIR BLUFFS FL 33770 BELLEAIR BLUFFS FL 33770 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3558430 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUSSO, ROBERT P Street Address (P.O. Box Number is Not Acceptable) 8 SOUTHWIND DR. **BELLEAIR BLUFFS FL 33770** City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) ☐ Addition TITLE ☐ Delete RUSSO, ROBERT P NAME NAME 8 SOUTHWIND DR. STREET ADDRESS STREET ADDRESS CTY-ST-ZIP **BELLEAIR BLUFFS FL 33770** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET-ADDRESS STREET ADDRESS विकास सम्बद्धाः सुरूपः स्टूपः स CITY-ST-ZIP CITY ST-ZĪP

13. Thereby 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 cor 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 an address, with all other like on powered. of the corporation or the receive changed, or on an attachment w

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

TED MAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition

FILED