

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013830

1. Entity Name

JEFF FOWLER PLUMBING, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90079 046 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 1485  
 WINTER HAVEN FL 33882

P.O. BOX 1485  
 WINTER HAVEN FL 33882-1485

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3554975

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

FOWLER, WILLIAM J  
 249 ALACHUA DR SE  
 WINTER HAVEN FL 33884

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

*Virginia A. Fowler* Virginia A. Fowler

4-24-00

Signature, typed or printed name of registered agent or officer or director, 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 PD ☐ Delete  
 NAME FOWLER, WILLIAM J  
 STREET ADDRESS 249 ALACHUA DR SE  
 CITY-ST-ZIP WINTER HAVEN FL 33884

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

TITLE VPST ☐ Delete  
 NAME FOWLER, VIRGINIA A  
 STREET ADDRESS 249 ALACHUA DR SE  
 CITY-ST-ZIP WINTER HAVEN FL 33884

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

TITLE D ☐ Delete  
 NAME FOWLER, VIRGINIA A  
 STREET ADDRESS 249 ALACHUA DR SE  
 CITY-ST-ZIP WINTER HAVEN FL 33884

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

TITLE ☐ Delete  
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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 employment.

SIGNATURE: x

*Virginia A. Fowler* Virginia A. Fowler

Date

Daytime Phone #

863-318

9145

CR2E034 (9/99)