

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90355 019 ***150.00

DOCUMENT # **P99000038701**

1. Entity Name
EDENFIELD PLUMBING COMPANY

Principal Place of Business
**412 SOUTH HOWARD AVENUE
 TAMPA FL 33606**

Mailing Address
**412 SOUTH HOWARD AVENUE
 TAMPA FL 33606**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9420 Lazy Lane
 Suite, Apt. #, etc.
#D7

3. Mailing Address
9420 Lazy Lane
 Suite, Apt. #, etc.
#D7

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
59-3574261

Applied For
 Not Applicable

Zip
33614

Country
US

Zip
33614

Country
US

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

**THORNTON, MICHAEL F
 412 SOUTH HOWARD AVENUE
 TAMPA FL 33606**

Name
 Street Address (P.O. Box Number is Not Acceptable)
9420 Lazy Lane
#D7
 City **Tampa** FL Zip Code **33614**

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 *Michael F. Thornton*
 Signature, typed or printed name of registered agent and title if applicable.

3-14-02
 DATE

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORNTON, MICHAEL 11114 NORTH 28TH STREET TAMPA FL 33612	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORNTON, M.A. 11114 NORTH 28TH STREET TAMPA FL 33612	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael F. Thornton*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-02 **(813) 251-2416**
 Date Daytime Phone #

UNIFORM

CR2E034 (9/01)