## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 10, 2001 8:00 am Secretary of State DOCUMENT # P99000049153 1. Entity Name BONITA SPRINGS PLUMBING . INC. 05-10-2001 90166 018 \*\*\*150.00 Principal Place of Business Mailing Address 24331 PRODUCTION CIR 24331 PRODUCTION CIR BONITA SPRINGS FL 34135 **BONITA SPRINGS FL 34135** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0920174 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 MARCHETTI, JULIA R Street Address (P.O. Box Number is Not Acceptable) 24331 PRODUCTION CIR **BONITA SPRINGS FL 34135** Zip Code City FL 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. DATE (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, 2001 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 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete MARCHETTI, MICHAEL J NAME 24331 PRODUCTION CIRCLE STREET ADDRESS STREET ADDRESS 3940 BENNETT LANE SPRNGS, FL 34135 CITY-ST-ZIP BONITA CITY-ST-ZIP **BONITA SPRINGS FL 34134** TITLE ☐ Delete TITLE MARCHETTI, JULIA NAME NAME 24331 PRODUCTION CIRCLE STREET ADDRESS 3940 BENNETT LANE STREET ADDRESS BONITA SPRINGS FL 34135 CITY-ST-ZIP CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Addition ☐ Delete -TITLE TITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)