

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054139

1. Entity Name

ISLAND COAST PLUMBING, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90046 003 ***155.00

Principal Place of Business

2708 SOUTHWEST 1ST TERRACE
CAPE CORAL FL 33991

Mailing Address

2708 SOUTHWEST 1ST TERRACE
CAPE CORAL FL 33991-1217

2. Principal Place of Business

924 S. Entrada Dr.

Suite, Apt. #, etc.

3. Mailing Address

924 S. Entrada Dr.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. Myers FL

City & State

FT. Myers FL

4. FEI Number

65-0929436

Applied For

Not Applicable

Zip

33919

Country

USA

Zip

33919

Country

USA

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

William R. Smith, Esquire

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

8191 College Parkway, #300

City

Fort Myers

FL

Zip Code

33919

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

William R. Smith

2/18/00

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	PSD	<input checked="" type="checkbox"/> Delete
NAME	ANZALONE, THOMAS J	
STREET ADDRESS	2708 SOUTHWEST 1ST TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	SELLERS, DAVID	
STREET ADDRESS	2708 SOUTHWEST 1ST TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

David W. Sellers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)