

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080204

1. Entity Name

TAP PLUMBING, INC.

Principal Place of Business

Mailing Address

~~9280 JAMAICA DR.~~
~~MIAMI FL 33189~~

~~9280 JAMAICA DR.~~
~~MIAMI FL 33189~~

2. Principal Place of Business

3. Mailing Address

746 SW 7TH TERR.

746 SW 7TH TERR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FLORIDA CITY FL

City & State

FLORIDA CITY FL

Zip

33034

Country

USA

Zip

33034

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0946823

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

~~SPIEGEL & UTRERA, P.A.~~
~~349 ALMERIA AVE.~~
~~CORAL GABLES FL 33134~~

Name

TIMOTHY A PLUMMER

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

746 SW 7TH TERR.

City

FLORIDA CITY FL

Zip Code

33034

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

Timothy A. Plummer

TIMOTHY A. PLUMMER

3-7-01

Signature, typed or printed name of registered agent and title 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, 2001 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	ST PLUMMER, TIMOTHY A 9280 JAMAICA DR. MIAMI FL 33189	<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
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
746 SW 7TH TERR. FLORIDA CITY FL 33034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Timothy A. Plummer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-01

Date

305-247-6865

Daytime Phone #

0490927

CR2E034 (10/00)