

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90660 021 ***150.00

DOCUMENT # P99000080204

1. Entity Name

TAP PLUMBING, INC.



Principal Place of Business

746 SW 7TH TERR
HOMESTEAD FL 33034

Mailing Address

P.O. BOX 770516
MIAMI, FLORIDA 33177-9998
OFFICE: 305-232-3688
FAX: 305-232-3992

04032019



MOORE CR2E034 (11/03)

2. Principal Place of Business

13234 SW 203 ST
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 770516
Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0946823

Applied For
Not Applicable

Zip

33177

Country

DADE

Zip

33177

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLUMMER, TIMOTHY A
P.O. BOX 770516
MIAMI, FLORIDA 33177-9998
OFFICE: 305-232-3688
FAX: 305-232-3992

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME PLUMMER, TIMOTHY A
STREET ADDRESS 746 SW 7TH TERR 13234 SW 203 ST
CITY-ST-ZIP FLORIDA CITY FL 33034

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

12. 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 10 or Block 11 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

TIMOTHY A. PLUMMER 04/12/04 305-216-4631
Date Daytime Phone #