

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED

Jul 10, 2000 8:00 am  
Secretary of State

05-30-2000 90047 004 \*\*\*150.00

DOCUMENT # P99000083900

1. Entity Name

CLAY'S PLUMBING SERVICE, INC.

Principal Place of Business

3137 BAY STREET  
SARASOTA FL 34237

Mailing Address

3137 BAY STREET  
SARASOTA FL 34234-1905

2. Principal Place of Business

2590 17th ST.  
Suite, Apt. #, etc.  
Suite J

3. Mailing Address

Same  
Suite, Apt. #, etc.

City & State

SAR. FL

City & State

Zip Country

Zip

34234 SAR

Zip

Country

4. FEI Number

650949373

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZUKNICK, CLAYTON  
3137 BAY STREET  
SARASOTA FL 34237

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.

SIGNATURE Clayton Zucknick

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

(NOTE: Registered Agent signature required when reinstating)

Clay Zucknick

4/25/00

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

TITLE President  
NAME Clay Zucknick  
STREET ADDRESS 3137 Bay ST  
CITY-ST-ZIP SAR FL 34237 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE Vice President  
NAME Janet Zucknick  
STREET ADDRESS Same Address  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE Secretary  
NAME Matt Zucknick  
STREET ADDRESS 1405 Marshal DR  
CITY-ST-ZIP SAR. FL. 34239 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clay Zucknick

4/25/00

Date

Daytime Phone #

(941)-964-8877