

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90004 005 \*\*\*150.00

DOCUMENT# P99000107672

1. Entity Name

J. FRANCISCO PLUMBING, INC.

Principal Place of Business

3780 Kori Road #13 & 14  
 Jacksonville, FL 32257

Mailing Address

3780 Kori Road #13 & 14  
 Jacksonville, FL 32257

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3629276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

FRANCISCO, JOHNNIE D.  
 715 6TH AVE S.  
 JACKSONVILLE BEACH, FL 32250

7. Name and Address of New Registered Agent

Name

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

141 PABLO POINT DRIVE

City

JACKSONVILLE

FL

Zip Code

32225

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.

(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

TITLE: PTD  
 NAME: FRANCISCO, JOHNNIE D.  
 STREET ADDRESS: 715 6TH AVE SOUTH  
 CITY-ST-ZIP: JACKSONVILLE BEACH FL 32250 ☐ Delete

TITLE: VSD  
 NAME: PONCE, THOMAS  
 STREET ADDRESS: 130 MAGNOLIA AVE.  
 CITY-ST-ZIP: JACKSONVILLE, FL 32218 ☐ Delete

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition  
 NAME: Home Address  
 STREET ADDRESS: 141 PABLO POINT DRIVE  
 CITY-ST-ZIP: JACKSONVILLE, FL 32225

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

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

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

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

TITLE: ☐ Change ☐ 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: *Johnnie D. Francisco*

JOHNNIE D. FRANCISCO 6-29-01 904-268-3703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107672

1. Entity Name

J. FRANCISCO PLUMBING, INC.

Attachment

Principal Place of Business

Mailing Address

3780 KORI ROAD #13 & 14  
JACKSONVILLE FL 32257

3780 KORI ROAD #13 & 14  
JACKSONVILLE FL 32257

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FE Number

59-3629276

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRANCISCO, JOHNNIE D  
715 6TH AVE S  
JACKSONVILLE BEACH FL 32250

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

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when re-issuing)

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 \$250.00**  
**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	PTD	<input type="checkbox"/> Delete
NAME	FRANCISCO, JOHNNIE D	
STREET ADDRESS	715 6 AVE SOUTH	
CITY-STATE-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	PONCE, THOMAS	
STREET ADDRESS	130 MAGNOLIA AVE	
CITY-STATE-ZIP	JACKSONVILLE FL 32218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Johnnie D Francisco* *Thomas Ponce* *Johnnie D Francisco* *Thomas Ponce* *Johnnie D Francisco* *Thomas Ponce*

CR2E034 (9/98)

00059815

J. FRANCISCO PLUMBING  
3780 Kori Road # 13 & 14  
Jacksonville, FL 32257  
(904) 268-3703  
(904) 268-3797 FAX

June 29, 2001

Dear Division of Corporations:

We did not receive our renewal form for our Uniform Business Report for 2001. Due to our oversight we did not realize that we had not received our renewal until way after May 1, 2001. We called and received a blank form to fill out and send in. The lady that we spoke with said to write an explanation, fill out our form and send in a check for \$150.00 and you should waive our extra filing fee since we did not receive it. So we are sending our form, a check for \$150.00 and I am also enclosing a copy of 2000 Uniform Business Report. Please note that my address has changed (home). I hope this is satisfactory, if not please let me know.

Sincerely,

*Johnnie D. Francisco*

Johnnie D. Francisco  
President