

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S06408

1. Entity Name
CAREY PLUMBING, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91246 043 ***150.00

0005304

Principal Place of Business
787 CENTER AVE
UNIT E
HOLLY HILL FL 32117
US

Mailing Address
787 CENTER AVE
UNIT E
HOLLY HILL FL 32117
US

551757



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3034512		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CAREY, BERNARD P 848 CARSWELL AVE. HOLLY HILL FL 32117				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 Bernard P. Carey Bernard P. Carey 5/15/01
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. ☐ **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	D	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	CAREY, BERNARD P			NAME			
STREET ADDRESS	848 CARSWELL AVE.			STREET ADDRESS			
CITY-ST-ZIP	HOLLY HILL FL			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	HOWARD, CULPEPPER			NAME			
STREET ADDRESS	848 CARSWELL AVE			STREET ADDRESS			
CITY-ST-ZIP	HOLLY HILL FL			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	CAREY, JOHN			NAME			
STREET ADDRESS	848 CARSWELL AVE			STREET ADDRESS			
CITY-ST-ZIP	HOLLY HILL FL			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Bernard P. Carey Bernard P. Carey 5/15/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)