

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90351 040 ***150.00

DOCUMENT # S34415

1. Entity Name

JAMES SAVNIK, JR. PLUMBING, INC.

Principal Place of Business

Mailing Address

~~19 UTILITY DRIVE~~

P.O. BOX 351082

~~PALM COAST FL 32137~~

PALM COAST FL 32135-1082

US



2. Principal Place of Business

3. Mailing Address

3400 NO. US 1

(Suite) Apt. #, etc.

Suite, Apt. #, etc.

#6

DO NOT WRITE IN THIS SPACE

City & State

City & State

BUNNELL FL

4. FEI Number 59-3060475

Applied For

Not Applicable

Zip

Country

Zip

Country

32110

US

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

SAVNIK, JAMES JR

46 BOSTON LANE

PALM COAST FL 32137

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 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, 2002 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 ~~PTSD~~ **PTD** ☐ Delete
 NAME SAVNIK, JAMES JR.
 STREET ADDRESS 46 BOSTON LANE
 CITY-ST-ZIP PALM COAST FL 32137

TITLE SECRETARY ☐ Change ☒ Addition
 NAME SUSAN L. SAVNIK
 STREET ADDRESS 46 BOSTON LANE
 CITY-ST-ZIP PALM COAST FL 32137

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PRES./TREAS./DIR. ☒ Change ☐ Addition
 NAME JAMES SAVNIK JR.
 STREET ADDRESS 46 BOSTON LANE
 CITY-ST-ZIP PALM COAST, FL 32110

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02

Date

386-586-7710

Daytime Phone #

CR2E034 (9/01)