

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

10/2

DOCUMENT #

1. Entity Name

Flood Plumbing Inc.

01 JAN 19 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5317 Shen Avenue  
Jacksonville, FL 32205

2. Principal Place of Business

3. Mailing Address

5317 Shen Ave.  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

00

City & State

City & State

Jacksonville

Jacksonville

4. FEL Number

39-3095975

Applied For

Not Applicable

Zip

Country

Zip

Country

32205

USA

32205

USA

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

Marie H. Flood  
5317 Shen Avenue  
Jacksonville, FL 32205

Name Marie H. Flood  
Street Address (P.O. Box Number is Not Acceptable)  
5317 Shen Avenue  
City Jacksonville FL Zip Code 32205

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

Marie H. Flood

1/4/01

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.  
(See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 President  
NAME Steven P. Flood  
STREET ADDRESS 5317 Shen Ave.  
CITY-ST-ZIP Jacksonville, FL 32205

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000003624010-9  
-02/02/01--01023--020  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE Vice President  
NAME Marie H. Flood  
STREET ADDRESS 5317 Shen Ave.  
CITY-ST-ZIP Jacksonville, FL 32205

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

Marie H. Flood

1/4/01

(904) 695-1016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

**FLOOD PLUMBING, INC.**

2082

January 04, 2001

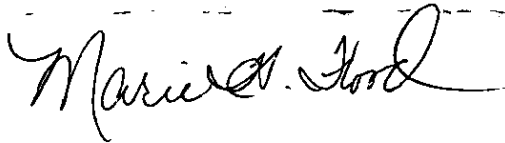
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**To Whom It May Concern:**

I am sending this Corporation report form because we just recently found out that our corporation was inactive. We applied for workers comp exemptions for the officers and they sent them back saying our corporation was inactive. We moved May 7, 1999 to 1919-1 Blanding Blvd. Jacksonville, FL 32210. Recently on December 8, 2000 we moved to our new location at 5317 Shen Avenue Jacksonville, FL 32205. Our report in 1999 must have been filed before we moved and then the report for the year 2000 must never have been received by us.

Please activate our corporation and exempt us from all the late fees seeing this has never happened before and we just didn't receive our form to renew. Please feel free to contact me at (904)695-1016 with any questions. I am enclosing \$550.00 and am hoping that any other credits or fees will be adjusted and I will be notified.

Sincerely,



Marie H. Flood  
Vice President