

2001 UNIFORM BUSINESS REPORT (UBR)

02-13-2001 90588 012 ***158.75

S96638

DOCUMENT # S96638

1. Entity Name

Flood Plumbing, Inc.

Principal Place of Business

Mailing Address

5317 Shen Avenue
Jacksonville, FL 32205

2. Principal Place of Business

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3095975

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 FEB 13 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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: Marie H. Flood Marie H. Flood

1-29-01

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 \$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: President
NAME: Steven P. Flood
STREET ADDRESS: 5317 Shen Avenue
CITY-ST-ZIP: Jacksonville, FL 32205 ☐ Delete

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

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

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

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TITLE: ☐ Delete
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CITY-ST-ZIP: ☐ Delete

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

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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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: Marie H. Flood Marie H. Flood

Date

Daytime Phone #

CR2E034 (11/00)

2/23