2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State
05-12-2001 90006 026 ***150.00

DOCUMENT # V20382 (07)

1. Entity Name
Bob Hubbard Plumbing Inc.

Principal Place of Business: 3763 Enterprise Ave. Unit B, Naples Fl. 34104

Mailing Address

A0063975

2. Principal Place of Business	3. Mailing Address
3763 Enterprise Ave	120 7th St. SW.
Suite, Apt. #, etc.: Unit B	Suite, Apt. #, etc.
City & State: Naples Fl.	City & State: Naples Fl.
Zip: 34104 Country: Collier	Zip: 34117 Country: Collier

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0321634 — Applied For / Not Applicable

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
Brinkman, Linda C 3936 Tamiami Trail North Naples Fl. 33940	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, 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 / Director NAME: Charles Morrison STREET ADDRESS: 120 7th st SW CITY-ST-ZIP: Naples Fl. 34117	☐ Delete	TITLE: Vice President NAME: Brittany Morrison STREET ADDRESS: 177 Santa Clair Dr. Apt 13 CITY-ST-ZIP: Naples Fl. 34104	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: Secretary NAME: Alaura Morrison STREET ADDRESS: 120 7th st SW CITY-ST-ZIP: Naples Fl. 34117	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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: Charles Morrison 4-24-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #