

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90101 035 ***150.00

DOCUMENT # 238162

1. Entity Name
EAGERTON PLUMBING CO., INC.

Principal Place of Business WILLIAM T EAGERTON 1093 N MCDUFF AVE JACKSONVILLE FL 32205	Mailing Address WILLIAM T EAGERTON 1093 N MCDUFF AVE JACKSONVILLE FLA 32254-2064
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-0904564	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent
EAGERTON, HILDA J
1528 BLAIR RD.
JACKSONVILLE FL 32221

7. Name and Address of New Registered Agent
 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 _____ (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, 2000 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 VP	<input checked="" type="checkbox"/> Delete	TITLE EAGERTON, DANIEL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EAGERTON, DANIEL		NAME	
STREET ADDRESS 3590 JO ASHTON RD.		STREET ADDRESS	
CITY-ST-ZIP ST. AUGUSTINE FL		CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> Delete	TITLE EAGERTON, HILDA J	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EAGERTON, HILDA J		NAME	
STREET ADDRESS 1528 BLAIR RD.		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32221		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE HELMS, SAMUEL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HELMS, SAMUEL		NAME	
STREET ADDRESS 5560 OLIVER STREET N.		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL 00000		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME THOMAS E. CLARK	
STREET ADDRESS		STREET ADDRESS 1518 BLAIR RD	
CITY-ST-ZIP		CITY-ST-ZIP JACKSONVILLE, FL 32221	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Hilda J. Eagerton* **HILDA J. Eagerton, President** **904-388-0876**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)