

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90077 030 \*\*\*150.00

**DOCUMENT # 452181**

1. Entity Name  
**HOWELL PLUMBING, INC.**



Principal Place of Business  
**4970 SW 52ND ST BAY 309  
DAVIE FL 33314**

Mailing Address  
**4970 SW 52ND ST BAY 309  
DAVIE FL 33314**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1573735**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOWELL, JOSEPH  
9731 SEA TURTLE DRIVE  
PLANTATION FL 33324**

Name

**Anthony Tamborelli**

Street Address (P.O. Box Number is Not Acceptable)

**1493 SW 97 Lane**

City

**Davie**

**FL**

Zip Code  
**33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Anthony Tamborelli*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-3-03**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☒ Delete  
NAME **HOWELL, JOSEPH**  
STREET ADDRESS **9731 SEA TURTLE DRIVE**  
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **Anthony Tamborelli**  
STREET ADDRESS **1493 SW 97 Lane**  
CITY-ST-ZIP **Davie, FL 33324**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
NAME **Timothy A. Kangas**  
STREET ADDRESS **410 NW 214 Ave.**  
CITY-ST-ZIP **Pembroke Pines, FL 33029**

TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **Arlene Wieland**  
STREET ADDRESS **7551-1 S. Aragon Blvd.**  
CITY-ST-ZIP **Sunrise, FL 33313**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anthony Tamborelli* **Anthony Tamborelli** **3-3-03** **954-581-8697**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954 Daylong Phone # 954-581-8697

CR2E034 (10/02)