## 2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # 576407** Mar 28, 2000 8:00 am 1. Entity Name **Secretary of State** THE PLUMBING EXPERTS, INC. 03-28-2000 90090 008 \*\*\*150.00 Principal Place of Business Mailing Address 303 NW 1ST AVE 303 NW 1ST AVE BOCA RATON FL 33431-5855 **BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address SAME N·W. BOXA RATIN BLVD. 3500 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1821955 Not Applicable BOCA \$8.75 Additional 5. Certificate of Status Desired ALM BEACH Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CLEMENT C. WINKE, IR SMITH RUSSELL P. **BOCA RATON** SUITE City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE TITLE SMITH, RUSSELL P. NAME NAME STREET ADDRESS STREET ADDRESS 1475 N.E. 5TH AVE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** PRESIDENT Change ☐ Addition ۷P ☐ Delete TITLE TITLE CLEMENT C. WINKE JR WINKE, CLEMENT NAME NAME 21198 HAMLIN DRIVE 21198 HAMLIN DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP **BOCA RATON FL** Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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 regeiver 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:** 

SUPER COUNTY OF DELIVED NAME OF SIGNING OFFICER OF DIRECT

2-10.00

561-368-5111

Daytime Phone #