

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90016 020 ***150.00

DOCUMENT # 645666

1. Entity Name

RUSTY PLUMBING OF DELRAY, INC.

Principal Place of Business

Mailing Address

1191 S OLD DIXIE
 DELRAY BEACH FL 33483

1191 S OLD DIXIE
 DELRAY BEACH FL 33483-3467

2. Principal Place of Business

1191 S. OLD DIXIE

Suite, Apt. #, etc.

3. Mailing Address

1191 S. OLD DIXIE

Suite, Apt. #, etc.

City & State

DELRAY Bch, FL.

Zip

33483

Country

PALM Bch.

City & State

DELRAY Bch, FL.

Zip

33483

Country

PALM Bch.

4. FEI Number

59-1965205

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WARREN, RUSSELL A
15199 HARRISON ROAD
DELRAY BEACH FL FL 33484

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

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, 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	WARREN, RUSSELL A	
STREET ADDRESS	15199 HARRISON ROAD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	WARREN, PAMELA J	
STREET ADDRESS	15199 HARRISON ROAD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WARREN, TIMOTHY A.	
STREET ADDRESS	502 OSPREY DR #17-B	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: X *Russell A. Warren*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUSSELL A. WARREN

(561)
1-26-00 276-1011

Date

Daytime Phone #