## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** DOCUMENT # **733292** Apr 10, 2000 8:00 am 1. Entity Name Secretary of State PALM BEACH COUNTY ASSOCIATION OF PLUMBING HEATIN 04-10-2000 90087 038 \*\*\*\*61.25 Principal Place of Business Mailing Address PHCC PHCC POST OFFICE BOX 17752 411 PALM STREET WEST PALM BEACH FL 33416-7752 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 51-0192468 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MAXWELL, DEBRA 16396 EAST DOWNERS DRIVE LOXAHATCHEE FL 33416 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change PRESIDENT ☐ Addition TITLE TITLE ☐ Delete Thomason FRANCIS NAME SZUKIES, LESLIE NAME 2920 NORTHWEST SECOND AVE. STREET ADDRESS STREET ADDRESS 4444 BIRDWOOD STREET Boca RatoN. FL CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 VICE President JON Reynolds ☐ Addition TITLE ☐ Delete TITLE JON Keynolds 811 Barnett DR. NAME NAME BAKER, PHILIP STREET ADDRESS STREET ADDRESS 1499 SOUTHWEST 30TH AVENUE #17 LAKEWORTH, CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33426** TREASURER ☐ Addition Delete TITLE TITLE Robert VerNICK 9530 TRIVOLO PLACE NAME NAME POLTACK, BRYAN STREET ADDRESS STREET ADDRESS 1200 CLINT MOOORE ROAD #10 BOCA RATON, FL 33434 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** DIRECTOR Change ☐ Addition TITLE TITLE ☐ Delete LESLIE SZUKICS NAME NAME MCLEOD, MIKE 4444 BIRDWOOD Street STREET ADDRESS STREET ADDRESS 163 66TH TERRACE PALM Beach gardens, CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33413 ☐ Addition DIRECTOR TITLE ☐ Delete TITLE AUL FOX NAME NAME POLTACK, BRYAN bia Industrial Ave. STREET ADDRESS STREET ADDRESS 1200 CLINT MOORE RD #10 Bounton Beach CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** TITLE Delete TITLE Secretary. RUSTY WALLEN 1191 SO. DIXIE HUY NAME WARREN, RUSTY NAME STREET ADDRESS 1191'50. DELRAY STREET ADDRESS 1191 SOUTH DIXIE HIGHWAY Beach, FL 33483 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33483

12. I hereby certify that the information supplied with this filling 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 617, 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTO

4/4/00 561-833-4954