

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J68387

1. Entity Name

MOSCHERA'S PLUMBING, INC.

Principal Place of Business

10968 SANDY RUN
JUPITER FL 33478

Mailing Address

10968 SANDY RUN
JUPITER FL 33458-4067

2. Principal Place of Business

5467 Center St.

Suite, Apt. #, etc.

3. Mailing Address

5467 Center St.

Suite, Apt. #, etc.

City & State

Jupiter, FL

City & State

Jupiter, FL

Zip

33458

Country

Palm Beach

Zip

33458

Country

Palm Beach

4. FEI Number

65-0087156

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

MOSCHERA, TIMOTHY F.
10968 SANDY RUN
JUPITER FL 33478

7. Name and Address of New Registered Agent

Name

Moschera, Timothy F.

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

5467 Center St.

City

Jupiter

FL

Zip Code

33458

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	P	☐ Delete
NAME	MOSCHERA, TIMOTHY F.	
STREET ADDRESS	10968 SANDY RUN	
CITY-ST-ZIP	JUPITER 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☒ Change ☐ Addition
NAME	Moschera, Timothy F.	
STREET ADDRESS	5467 Center St.	
CITY-ST-ZIP	Jupiter FL 33458	
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		
TITLE		☐ Change ☐ 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:

Timothy F. Moschera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-26-00

Date

561-746-1494

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CD05031 (0/00)