

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90123 017 ***150.00

DOCUMENT # M63383

1. Entity Name
PLUMBING BY BOB, INC.

Principal Place of Business

13730 S.R. 84, STE 118
 DAVIE FL 33325
 US

Mailing Address

13730 S.R. 84, STE 118
 DAVIE FL 33325
 US

*1717 W Sunrise
 Sunrise FL 33323*



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0021662

Applied For:
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Deemed

\$8.75 Additional Fee Required

Plumbing By Bob, Inc.

6. Name and Address of Current Registered Agent

MOORE, ROBERT
 13730 S.R. 84, STE 118
 DAVIE FL 33325

NEW
 →

7. Name and Address of New Registered Agent

Name: **MOORE, ROBERT**
 Street Address (P.O. Box Number is Not Acceptable): **12717 W. SUNRISE BLVD #206 SUITE 206**
 City: **SUNRISE FL** Zip Code: **33323**

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSTD MOORE, ROBERT M	13730 S.R. 84, STE 118	DAVIE FL 33325	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Robert Moore*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/31/02** (954) 472-4769
 Telephone #

CR2E034 (9/01)