

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**

07-18-2001 90260 027 \*\*\*550.00

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**DOCUMENT # P00000035087**

1. Entity Name  
**CONCH REPUBLIC PLUMBING COMPANY**

Principal Place of Business  
**22338 LAFITE DR.**  
**CUDJOE KEY FL 33042**

Mailing Address  
**22338 LAFITE DR.**  
**CUDJOE KEY FL 33042**

2. Principal Place of Business  
**3702 Donald Avenue**

3. Mailing Address  
**3702 Donald Avenue**

Suite, Apt. #, etc.

City & State  
**Key West FL**

City & State  
**Key West FL**

4. FEI Number  
**65-1014936**

Applied For  
 Not Applicable

Zip  
**33040**

Country  
**USA**

Zip  
**33040**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**RYBAS, ALEX**  
**22338 LAFITE DR.**  
**CUDJOE KEY FL 33042**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3702 Donald Avenue**  
 City  
**Key West FL** Zip Code  
**33040**

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 Alex Rybas  
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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RYBAS, ALEX</b> <b>22338 LAFITE DR.</b> <b>CUDJOE KEY FL 33042</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3702 Donald Avenue</b> <b>Key West FL 33040</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COUGHLIN, CALVIN</b> <b>H-41 MIRIAM ST.</b> <b>KEY WEST FL 33040</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED** **07/12/01 305/294-5230**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (5/01)