

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000066552

FILED  
Apr 22, 2002 8:00 AM  
Secretary of State

Entity Name: FLEETWOOD PLUMBING COMPANY

**Current Principal Place of Business:**

350 NW DEARMAN STREET  
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

350 NW DEARMAN STREET  
PORT ST. LUCIE, FL 34983

**New Mailing Address:**

FEI Number: 59-2388186

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TOMAN, CYNTHIA Y  
350 NW DEARMAN STREET  
PORT ST. LUCIE, FL 34983

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TOMAN, JAMES  
Address: 350 NW DEARMAN STREET  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: TOMAN, JAMES  
Address: 350 NW DEARMAN STREET  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VP ( ) Change (X) Addition  
Name: TOMAN, CYNTHIA Y  
Address: 350 NW DEARMAN ST.  
City-St-Zip: PORT ST. LUCE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA TOMAN

VP

04/22/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date