

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/

**FILED**  
**Jul 11, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90074 019 \*\*\*150.00

**DOCUMENT # P97000085517**

1. Entity Name

**DIMA PLUMBING & HEATING, INC.**

*R*

Principal Place of Business

2468 ATLANTIC BOULEVARD  
 JACKSONVILLE FL 32207

Mailing Address

2468 ATLANTIC BOULEVARD  
 JACKSONVILLE FL 32207-3564

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**

**59-3555671**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ISAAC, FRED C**  
**2468 ATLANTIC BOULEVARD**  
**JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name **Paul Purcay**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2818 Wildwood Dr.**  
 City **Clearwater** **FL** Zip **33759**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**APR 21 - 2000**

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SECA, MANNINO</b>
STREET ADDRESS	<b>2468 ATLANTIC BOULEVARD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	<b>Seca Mannino</b>
STREET ADDRESS	<b>2818 Chelsea Pl N</b>
CITY-ST-ZIP	<b>Clearwater, FL 33759</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR 21 - 2000** (727) 796-0021

Date

Daytime Phone #

CR2E034 (9/99)