

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90050 026 \*\*\*150.00

**DOCUMENT # P97000099058**

1. Entity Name

**4 STAR PLUMBING, INC.**

Principal Place of Business

Mailing Address

**181 NE 32ND STREET  
 FORT LAUDERDALE FL 33334**

**181 NE 32ND STREET  
 FORT LAUDERDALE FL 33334-1129**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0795177**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'BRIEN, ROBERT  
 13508 NW 7TH STREET  
 PLANTATION FL 33325**

Name

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

City

**FL**

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**PD  
 O'BRIEN, ROBERT  
 13508 NW 7TH STREET  
 PLANTATION FL 33325**

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**V  
 FRANZONE, AUDREY  
 7988 EXECUTER BLVD. W  
 TAMARAC FL 33321**

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**Franzone, Audrey  Change  Addition  
 7988 Exeter Blvd W.  
 Tamarac, Fl 33321**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**T  
 SMITH, ERIC  
 813 W. PLANTATION CIRCLE  
 PLANTATION FL 33324**

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**Treasurer/Secretary  Change  Addition  
 Smith, Eric  
 813 W. Plantation Circle  
 Plantation, Fl 33324**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**S  
 DUBROW, KENNETH  
 3825 NW 35TH STREET  
 COCONUT CREEK FL 33066**

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  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:

*Audrey M. Franzone/Audrey M. Franzone*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00

Date

954-767-8999

Daytime Phone #

CR2E034 19/991

626525



DO NOT WRITE IN THIS SPACE