

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90030 029 \*\*\*158.75

**DOCUMENT # P97000099058**

**1. Entity Name**  
**4 STAR PLUMBING, INC.**

<b>Principal Place of Business</b> 181 NE 32ND STREET FORT LAUDERDALE FL 33334	<b>Mailing Address</b> 181 NE 32ND STREET FORT LAUDERDALE FL 33334
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b> 65-0795177		<b>Applied For</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>				

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
<b>O'BRIEN, ROBERT</b> 13508 NW 7TH STREET PLANTATION FL 33325				Name			
				O'Brien, Robert			
				Street Address (P.O. Box Number is Not Acceptable)			
				181 NE 32 Street			
City				Ft. Lauderdale		FL	
				Zip Code		33334	

**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: *Audrey Franzone* (NOTE: Registered Agent signature required when reinstating) DATE: 2/21/02

**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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PB	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	O'BRIEN, ROBERT			NAME	Hasle, Theodore S. III		
STREET ADDRESS	13508 NW 7TH STREET			STREET ADDRESS	2931 NE 23 Street		
CITY-ST-ZIP	PLANTATION FL 33325			CITY-ST-ZIP	Pompano Beach, FL 33062		
TITLE	V	<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANZONE, AUDREY			NAME			
STREET ADDRESS	7988 EXETER BLVD W			STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL 33321			CITY-ST-ZIP			
TITLE	TS	<input type="checkbox"/> Delete		TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, ERIC			NAME	Smith, Eric		
STREET ADDRESS	813 W. PLANTATION CIRCLE			STREET ADDRESS	813 W. Plantation Circle		
CITY-ST-ZIP	PLANTATION FL 33324			CITY-ST-ZIP	Plantation, FL 33324		
TITLE		<input type="checkbox"/> Delete		TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME	O'Brien, Robert		
STREET ADDRESS				STREET ADDRESS	13508 NW 7 Street		
CITY-ST-ZIP				CITY-ST-ZIP	Plantation, FL 33325		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Audrey Franzone* Audrey Franzone 2/21/02 954-767-8999  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

03/07/02 AV

CR2E034 (9/01)