

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049527

1. Entity Name

J & S PLUMBING OF DAVIE, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90060 026 ***150.00

Principal Place of Business

Mailing Address

PO BOX 840009
HOLLYWOOD FL 33084

PO BOX 840009
HOLLYWOOD FL 33084-2009

000006770

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0844359**

Applied For

Not Applied

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

TRAGER, ROSS
1000 NORTH HIATUS ROAD
PEMBROKE PINES FL 33026

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 ☐ Delete
NAME **P**
STREET ADDRESS **WHITE, SCOTT**
CITY-ST-ZIP **7260 SW 44TH CT**
DAVIE FL 33314

TITLE ☒ Change ☐ Addition
NAME **WHITE, SCOTT**
STREET ADDRESS **14100 SW 21 ST**
CITY-ST-ZIP **DAVIE, FL 33325**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **WHITE, JUDITH**
CITY-ST-ZIP **7260 SW 44TH CT**
DAVIE FL 33314

TITLE ☒ Change ☐ Addition
NAME **WHITE, JUDITH**
STREET ADDRESS **14100 SW 21 ST**
CITY-ST-ZIP **DAVIE, FL 33325**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **VA**
STREET ADDRESS **SUAREZ, VINCE**
CITY-ST-ZIP **10871 SW 11TH MANOR**
DAVIE, FL 33324

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature of the corporation or the receiver or trustee empowered to execute this report as required, changed, or on an attachment with an address, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Please note this was changed last year. See attached
Thanks