2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State
01-08-2001 90049 041 ***150.00

DOCUMENT # S76922

1. Entity Name
ACCEL PLUMBING INC.

Principal Place of Business	Mailing Address
1847 ARAGON AVENUE # 3 LAKE WORTH FL 33461-2620	1847 ARAGON AVENUE # 3 LAKE WORTH FL 33461-2620

D0000510

DO NOT WRITE IN THIS SPACE

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 65-0278800 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAPERTON, LUCIAN RAY
6297 WESTOVER ROAD
WEST PALM BEACH FL 33417-5472

7. Name and Address of New Registered Agent

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, 2001 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	PT CAPERTON, LUCIAN RAY 1847 ARAGON AVENUE., #3 LAKE WORTH FL 33461-2620	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 6297 WESTOVER ROAD WEST PALM BEACH, FL 33417-5472
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HIMMELHEBER, RANDAL M 1913 NW 62 TERRACE MARGATE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2200 NW 68TH AVE MARGATE FL 33063
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LEWIS, CHERYL L 907 SUMTER RD., W. WEST PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LEWIS, CHERYL L 939 KEYSTONE W LAKE WORTH FL 33463 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CAPERTON, GABLDENE 6297 WESTOVER ROAD WEST PALM BEACH FL 33417-5472	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CAPERTON GARIDEAE ☒ 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

CR2E034 (10/00)

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] GARIDENE CAPERTON 1-3-2001 561-582-4004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #