

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # 153335

1. Entry Name

LEHMAN PIPE AND PLUMBING SUPPLY INC.



Principal Place of Business

JULIAN D LEHMAN
230 N W 29TH ST
MIAMI FL 33127
US

Mailing Address

JULIAN D LEHMAN
230 N W 29TH ST
MIAMI FL 33127
US

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

59-0576183

Applied For

Not Applicable

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

LEHMAN, JULIAN
230 NW 29TH ST
MIAMI FL 33137

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CD
LEHMAN, JULIAN
2000 TOWERSIDE TERR #512
NO MIAMI, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
LEHMAN, BETTY D
2000 TOWERSIDE TERR #512
NO MIAMI, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
LEHMAN, DENNIS
10701 SW 88TH CT
MIAMI, FL 00000 ☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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U000000065019
02/25/04-80018-019 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

Julian D Lehman

JULIAN D LEHMAN

02/23/04 305-576-3054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #