

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 271487

1. Entity Name

COKER PLUMBING OF HOMESTEAD, INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90385 002 ***150.00

0117328

Principal Place of Business 20200 OLD DIXIE HIGHWAY HOMESTEAD FL 33033-2311 1037 NW 4th St. Homestead Fl. 33030	Mailing Address 20200 OLD DIXIE HIGHWAY HOMESTEAD FL 33033-2311 16380 SW 288 St Homestead, Fl. 33033
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734699



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1032313		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
COKER, JOHN E 29200 OLD DIXIE HWY 16380 SW 288 St HOMESTEAD FL 33033 Homestead, Fl. 33033				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 _____ (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COKER, JOHN E		NAME		
STREET ADDRESS	20200 OLD DIXIE HWY		STREET ADDRESS	16380 SW 288 St.	
CITY-ST-ZIP	HOMESTEAD FL		CITY-ST-ZIP	Homestead, Fl. 33033	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COKER, CHARLENE		NAME		
STREET ADDRESS	29200 OLD DIXIE HWY		STREET ADDRESS	16380 SW 288 St	
CITY-ST-ZIP	HOMESTEAD FL 33033		CITY-ST-ZIP	Homestead, Fl. 33033	
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		
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: Charlene K Coker Charlene K Coker 3/29/01 305-247-4114
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)