

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/13/00-90040-003-\$150.00-\$150.00

**DOCUMENT # 292092**

1. Entity Name

**WILLIAM D. CODY PLUMBING CO., INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 19 AM 11:26

Principal Place of Business

356 NE 191ST STREET  
NORTH MIAMI BEACH FL 33179

Mailing Address

356 NE 191ST STREET  
NORTH MIAMI BEACH FL 33179-3899

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1096592

Applied For

Not Applicable

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

CODY, WILLIAM D  
8220 NW 171 ST  
HIALEAH FL 33015

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: *Anita J. Cody*  
Signature, typed or printed name of registered agent and date if applicable

*Sec Treas*

(NOTE: Registered Agent signature required when reissuing)

4-28-00  
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 PD  
NAME CODY, WILLIAM D  
STREET ADDRESS 8220 N.W. 171 ST.  
CITY-ST-ZIP HIALEAH FL ☐ Delete

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

TITLE STD  
NAME CODY, ANITA  
STREET ADDRESS 8220 NW 171 ST.  
CITY-ST-ZIP HIALEAH FL ☐ Delete

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

TITLE VD  
NAME CODY, WILLIAM, JR.  
STREET ADDRESS 8220 N.W. 171 ST.  
CITY-ST-ZIP HIALEAH FL ☐ Delete

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

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 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: *x* SIGNATURE *Anita Cody*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-00 305-652-1310  
Date Daytime Phone #

CR2E034 (9/99)

AD