

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90153 001 ***158.75

DOCUMENT # 302370

1. Entity Name
PAUL ASENJO PLUMBING INC.



Principal Place of Business

**1194 OLD DIXIE HWY 22
LAKEPARK FL 33403
US**

Mailing Address

**1194 OLD DIXIE HWY 22
LAKE PARK FL 33403
US**

33004155



2. Principal Place of Business

**1194 OLD DIXIE HWY #22
Suite, Apt. #, etc.
LAKE PARK, FL
City & State**

3. Mailing Address

**SAME
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

Zip

33403

Country

1-B-04

Zip

33403

Country

1-B-04

4. FEI Number

59-1117767

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HICKMAN, LUCILLE S.
733 FLAMINGO WAY
N PALM BEACH FL 33408**

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. 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, 2003 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 ☐ Delete
NAME **PS**
STREET ADDRESS **HICKMAN, LUCILLE S.**
CITY-ST-ZIP **733 FLAMINGO WAY
NORTH PALM BEACH FL 33408**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **HICKMAN, JACK B**
CITY-ST-ZIP **2270 WILSEE RD 6943-151st Ct. N.
PALM BEACH GARDENS FL 33418**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **LONGWELL, MARK**
CITY-ST-ZIP **2678 CEDAR CREST RD
WEST PALM BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

Lucille S. Hickman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/03

Date

(561) 844-0046

Daytime Phone #

CR2E034 (10/02)