2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

308420

1. Entity Name

QUALIFIED PLUMBING CO., INC.

Principal Place of Business 1083 E. 23 ST HIALEAH FL 33013		Mailing Address 1083 E. 23 ST HIALEAH FL 33013						
2. Principal Place of Business		3. Mailing Address			4 1001EU (1111 001E) 1911 61016 11911 0911 0511	018 14 0 2851 0 4841	DIBIT BIBIT (CO)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		···	DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. F	FEI Number 59-1147527 Applied Fo		Applied For	
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 A	dditional	
	6. Name and Address of Current	Registered Agent		7. N	lame and Address of New Registere	'		
				Name :				
TOLAR JF 1083 E. 2	R., FLOYD L. B'ST		Street Address		s (P.O. Box Number is Not Acceptable)			
HIALEAH								
			City		F	Zíp Co	de	
8. The above	e named entity submits this statement fo	r the purpose of changing its	registered office or	registered ag	ent, or both, in the State of Florida.	I		
SIGNATURE	Signature, typed or printed name of registered agent							
			: Registered Agent signate		instating) DATE			
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) 2. **Tax filling requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.0 Make Check Payable to Department of \$		50.00	10. Election Campaign Financing Trust Fund Contribution.		00 May Be =- ed to Fees	
11.	OFFICERS AND	DIRECTORS	12.	ADI	DITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 11	
TITLE	P	☐ Delete	TITLE		The second secon	☐ Change	Addition	
NAME	TOLAR, FLOYD L. J		NAME			Ondings		
STREET ADDRESS	1083 E. 23RD ST		STREET ADDRESS					
CITY-ST-ZIP	HIALEAH FL 33013		CITY-ST-ZIP				}	
TITLE	VP	☐ Delete	TITLE			☐ Change	☐ Addition	
	LEVY, RONALD M.		. NAME		•			
STREET ADDRESS	12345 SW 208 TERR		STREET ADDRESS				ł	
CITY-ST-ZIP	MIAMI FL 33177	7/1	CITY-ST-ZIP	-				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			 _		
CITY-ST-ZIP		·	CITY-ST-ZIP				}	
TITLE		☐ Delete	TITLE					
NAME		□ Delete	NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS				}	
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		- Delete	TITLE		, <u>, , , , , , , , , , , , , , , , , , </u>	Change	☐ Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete .	TITLE		·- 	Change	☐ Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				•	
,-01-211	7.0		CITY-ST-ZIP					

13. I hereby certify that the information supplied with this filling 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:

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90088 041 ***150.00