

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90011 012 \*\*\*150.00

**DOCUMENT # 393288**

1. Entity Name

**JULIUS BLUM PLUMBING, INCORPORATED**

Principal Place of Business

717 EAST WASHINGTON ST.  
 ORLANDO FL 32801-2939

Mailing Address

2106 MONTANA ST  
 ORLANDO FL 32803  
 US

2. Principal Place of Business

**2106 MONTANA ST**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**ORLANDO FL**

City & State

4. FEI Number **59-1374231**

Applied For

Not Applicable

Zip

Country

**32803 U.S.A**

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

**KATZ, LAWERENCE H. A**  
**341 MAITLAND AVE**  
**SUITE 120**  
**MAITLAND FL 32751**

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

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

(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) ☐

**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. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BLUM, YVETTE L</b>	
STREET ADDRESS	<b>2106 MONTANA AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>BLUM, JULIUS</b>	
STREET ADDRESS	<b>2106 MONTANA AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Julius Blum - JULIUS BLUM**

**4/13/01 407 894 3034**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)