

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90050 046 ***150.00

DOCUMENT # 401889
1. Entity Name
NOVA PLUMBING, INC

Principal Place of Business 277 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33334	Mailing Address 277 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33334
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2. Principal Place of Business 2079 North Powerline Road Suite, Apt. #, etc. Suite #1	3. Mailing Address 2079 North Powerline Road Suite, Apt. #, etc. Suite #1
City & State Pompano Beach, Florida	City & State Pompano Beach, Florida

Zip 33069	Country USA	Zip 33069	Country USA
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4. FEI Number 59-1395447	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LAVENDER, JOEL R
507 SOUTHEAST 11TH CT
FORT LAUDERDALE FL 33316

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.

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)

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	
TITLE VP NAME LANNI, ALAN STREET ADDRESS 6286 S.W. 20 STREET CITY-ST-ZIP POMPAÑO FL 33068	<input type="checkbox"/> Delete
TITLE S NAME NIXON, GAILE STREET ADDRESS 137 E. PALM DRIVE CITY-ST-ZIP MARGATE FL	<input type="checkbox"/> Delete
TITLE P NAME NIXON, GRANT STREET ADDRESS 137 E. PALM DRIVE CITY-ST-ZIP MARGATE FL	<input type="checkbox"/> Delete
TITLE T NAME CHANCE, ERIC STREET ADDRESS 501 SW 131 AVE CITY-ST-ZIP DAVIE FL 33325	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE S / T NAME Nixon, Gaile STREET ADDRESS 137 East Palm Drive CITY-ST-ZIP Margate, Florida 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Gaile Nixon **Gaile Nixon** **2/5/01** **(954) 933-0170**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)