

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90187 012 ***150.00

DOCUMENT # 410176

1. Entity Name
FLORIDA VALVE & FITTING CO.

Principal Place of Business 3300 CORPORATE AVENUE SUITE 116 FT. LAUDERDALE FL 33331 US	Mailing Address 3300 CORPORATE AVENUE SUITE 116 FT. LAUDERDALE FL 33331-3504 US
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1417204** Applied For
 Not Applicable

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

**LENNON, H. E.
 400 NW 127 AVENUE
 #13
 PLANTATION FL 33325**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PT	LENNON, H. E.	400 NW 127 AVENUE, #13 PLANTATION FL				
	S	LENNON, JANE F.	400 NW 127 AVENUE, #13 PLANTATION FL				
	V	HOMAN, PETER C.	16840 98TH WAY N. JUPITER FL				
	VP	LENNON, GREGG W	1758 COCOPLUM COURT LONGWOOD FL			2009 E. Washington St Orlando, FL 32803	

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: H. E. Lennon Date: 1/12/00 Daytime Phone #: 954-389-4888