

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90028 005 \*\*\*158.75

**DOCUMENT # 410176**

1. Entity Name

~~FLORIDA VALVE & FITTING CO.~~

FLORIDA FOUR 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  
 US

817216



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

400 NW 127 AVE  
 Suite, Apt. #, etc.  
 # 13

3. Mailing Address

400 NW 127 AVE  
 Suite, Apt. #, etc.  
 # 13

City & State

PLANTATION, FL

City & State

PLANTATION, FL

4. FEI Number

59-1417204

Applied For

Not Applicable

Zip

33325

Country

USA

Zip

33325

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 HARRY E. LENNON

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

3/6/01

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 PT  
 NAME LENNON, H. E.  
 STREET ADDRESS 400 NW 127 AVENUE, #13  
 CITY-ST-ZIP PLANTATION FL ☐ Delete

TITLE S  
 NAME LENNON, JANE F.  
 STREET ADDRESS 400 NW 127 AVENUE, #13  
 CITY-ST-ZIP PLANTATION FL ☐ Delete

TITLE ~~V~~  
 NAME ~~HOMAN, PETER C.~~  
 STREET ADDRESS ~~16040 98TH WAY N.~~  
 CITY-ST-ZIP ~~JUPITER FL~~ ☐ Delete

TITLE VP  
 NAME LENNON, GREGG W.  
 STREET ADDRESS 2009 E. WASHINGTON ST.  
 CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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, Pres. 3/6/01 954-476-8521  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)