## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 460121** Apr 11, 2000 8:00 am Secretary of State 1. Entity Name APEX PLUMBING COMPANY, INC. 04-11-2000 90216 030 \*\*\*150.00 Mailing Address Principal Place of Business C/O PAUL J. GATTO C/O PAUL J. GATTO 2798 N.E. 24 STREET 2798 N.E. 24 STREET LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064-8045 2. Principal Place of Business YOU TAUL TO ATTO YOU NE DE AL 3. Mailing Address YO PAUL J. CANS 4001 NE 26 AVENUE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1549658 Not Applicable LIGHTHOUSE 6HTHOUSE \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 33064 306 ZCS A USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 12A-U L GATTO, PAUL J Street Address (P.O. Box Number is Not Acceptable) 2798 N.E. 24 STREET LIGHTHOUSE POINT FL 33064 Zip Code 16HTHOUSE 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TIT) F 5 r **⊠** Change ☐ Addition ST ☐ Delete GATTO, JUDITH L. NAME GATTO, JUDITH L. NAME STREET ADDRESS STREET ADDRESS 2789 NE 24TH ST. CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL LIGHTHOUSE POINT, FL ☐ Delete TITLE TITLE GATTO, PAUL P. NAME EATTO, PAUL J. NAME 4001 NE 26 AVENUE STREET ADDRESS STREET ADDRESS 2798 NE 24 ST CITY-ST-ZIP CITY-ST-7IP LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC TREAS

Date

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