

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90016 015 \*\*\*150.00

**DOCUMENT # 565905**

1. Entity Name  
**ACTION PLUMBING SUPPLY CO.**

Principal Place of Business      Mailing Address  
**5411 NW 15 ST**                      **P.O. BOX 934817**  
**MARGATE FL 33063**                **MARGATE FL 33093**

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      Applied For  
**59-1798150**                       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

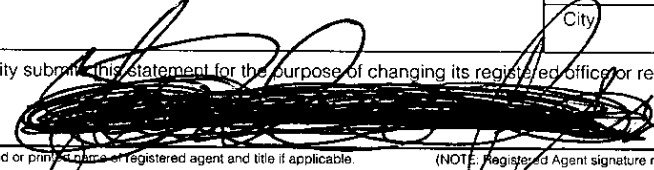
**6. Name and Address of Current Registered Agent**

**BERKE, JUDITH**  
**5411 NW 15TH STREET**  
**MARGATE FL 33063**

**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  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, 2002 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**

| 11. OFFICERS AND DIRECTORS          |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |      |
|-------------------------------------|--|---|------|
| TITLE                               | NAME   | TITLE   | NAME |
| STD <input type="checkbox"/> Delete | <b>BERKE, JUDITH</b><br>7579 IMPERIAL DR<br>BOCA RATON FL            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| VD <input type="checkbox"/> Delete  | <b>BERKE, KENNETH</b><br>22324 BOYACA AVENUE<br>BOCA RATON FL        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| P <input type="checkbox"/> Delete   | <b>BERKE, STUART</b><br>4964 N.W. 84 ROAD<br>CORAL SPRINGS, FL 00000 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete     |  | <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)(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, and my address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-7-02** Daytime Phone #

CR2E034 (9/01)