

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90178 045 \*\*\*150.00

CR2E034 (10/02)

**DOCUMENT # 608746**

1. Entity Name  
**A KUSCH PLUMBING, INC.**



Principal Place of Business  
**13089 54TH LANE N  
WEST PALM BEACH FL 33411**

Mailing Address  
**4262 NORTHLAKE BLVD  
PMB #181  
PALM BEACH GARDENS FL 33410  
US**

2. Principal Place of Business  
**10130 Northlake Blvd.**

3. Mailing Address  
**10130 Northlake Blvd.**

Suite, Apt. #, etc.  
**Suite 214-297**

Suite, Apt. #, etc.  
**Suite 214-297**

City & State  
**West Palm Beach, FL**

City & State  
**West Palm Beach, FL**



CHECK HERE IF MAKING CHANGES

Zip  
**33412**

Country  
**Palm Beach**

Zip  
**33412**

Country  
**Palm Beach**

4. FEI Number **59-1877250**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KUSCH, LARRY  
13089 54TH LANE N  
WEST PALM BEACH FL 33411**

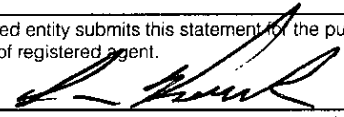
7. Name and Address of New Registered Agent

Name: \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)  
**405 South Riverside Drive**

City **Pompano Beach** FL **33062**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **3/24/03**

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>KUSCH, LARRY 13089 54TH LANE N WEST PALM BEACH FL 33411</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>405 South Riverside Drive Pompano Beach, FL 33062</b>
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

Date **3/21/03** Daytime Phone # **(561) 795-8797**