

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90069 016 ****61.25

0003250

DOCUMENT # 732288

1. Entity Name

FLORIDA ASSOCIATION OF PLUMBING, HEATING AND COO

Principal Place of Business

**300 N.W. 25TH STREET
WILTON MANORS FL 33311**

Mailing Address

**300 N.W. 25TH STREET
WILTON MANORS FL 33311**

2. Principal Place of Business

1040 Bayview drive

3. Mailing Address

1040 Bayview Drive

Suite, Apt. #, etc.
Suite 415

Suite, Apt. #, etc.

Suite 415

City & State

Ft Lauderdale, FL

City & State

Ft Lauderdale, FL

4. FEI Number

51-0185548

Applied For

Not Applicable

Zip

33304

Country

US

Zip

33304

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HADLEY, MICHAEL W
300 N.W. 25TH STREET
WILTON MANORS FL 33311**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **O'BRIEN, ROBERT**
STREET ADDRESS **181 NE 32ND STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE **D** ☒ Delete
NAME **CARPENTER, JOHN**
STREET ADDRESS **1516 NW 58TH AVE**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **T** ☐ Delete
NAME **KUEHN, ALBERT**
STREET ADDRESS **328 N OCEAN BLD #508**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **VS** ☐ Delete
NAME **HOSBACH, ED**
STREET ADDRESS **1331 S. DIXIE HWY. W #8**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **P** ☐ Delete
NAME **CLINE, DANIEL**
STREET ADDRESS **1058 NE 43 CT**
CITY-ST-ZIP **FT LAUDERDALE FL 33334**

TITLE **D** ☐ Delete
NAME **DODD, JOHN**
STREET ADDRESS **175 SE 2 AVE**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☐ Change ☐ Addition
NAME **Feldman, Teddy**
STREET ADDRESS **6085 Elmwood Dr**
CITY-ST-ZIP **Boca Raton, FL 33433**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

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

4-4-01

Date

Daytime Phone #

954-566-1100

CR2E037 (10/00)