

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90095 009 *****61.25

DOCUMENT # 732288

1. Entity Name

FLORIDA ASSOCIATION OF PLUMBING, HEATING AND COOLING CONTRACTORS OF BROWARD COUNTY, INC

Principal Place of Business

Mailing Address

**1040 BAYVIEW DRIVE
 STE 415
 FORT LAUDERDALE FL 33304**

**1040 BAYVIEW DRIVE
 STE 415
 FORT LAUDERDALE FL 33304**

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

51-0185548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	O'BRIEN, ROBERT	
STREET ADDRESS	181 NE 32ND STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARPENTER, JOHN	
STREET ADDRESS	6085 ELMWOOD DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KUEHN, ALBERT	
STREET ADDRESS	328 N OCEAN BLD #508	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HOSBACH, ED	
STREET ADDRESS	1331 S. DIXIE HWY. W #8	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	P	<input type="checkbox"/> Delete
NAME	CLINE, DANIEL	
STREET ADDRESS	1058 NE 43 CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE	D	<input type="checkbox"/> Delete
NAME	DODD, JOHN	
STREET ADDRESS	175 SE 2 AVE	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Davis, Marvin	
STREET ADDRESS	911 NW 209th Avenue # 108	
CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Feldman, Teddy	
STREET ADDRESS	6085 Elmwood Drive	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/29/02 (954) 781-1989

CR2E037 (9/01)