FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 19, 2001 8:00 am **DOCUMENT # 733292 Secretary of State** 1. Entity Name 07-19-2001 90235 004 ****61.25 PALM BEACH COUNTY ASSOCIATION OF PLUMBING HEATIN Principal Place of Business Mailing Address PHCC PHCC A0078437 411 PALM STREET POST OFFICE BOX 17752 WEST PALM BEACH FL 33416 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address 1127 S.E. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Aity & State 4. FEI Number City & State Applied For 51-0192468 e a cu Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JUCKLE EBECCA Address (P.O. Box Number is Not Acceptable) MAXWÉLL, DEBRA 16396 EAST DOWNERS DRIVE LOXAHATCHEE FL 33416 JOYN TON 26K CA submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 8. The above named e SIGNATURE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State Added to Fees After September 12, 2001, min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete Change TITLE TITLE SZUKIES, LESLIE NAME NAME STREET ADDRESS STREET ADDRESS 4444 BIRDWOOD STREET BOYNTON BEACH. CITY-ST-7/P CITY-ST-7IP PALM BEACH GARDENS FL 33410 TREASURBL Delete ☐ Change Addition TITLE TITLE BAKER, PHILIP NAME NAME THAMAS THOMASON 2920 NW ZNO NUE. 1499 SOUTHWEST 30TH AVENUE #17 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BOYNTON BEACH FL 33426** BOCK PATON Addition TITLE ☐ Change Delete TITLE SECRETARY POLTACK, BRYAN NAME NAME BOCA RIO RO. STE C3 Buy 1200 CLINT MOOORE ROAD #10 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** BOCA RATION, FL Change Addition TITLE Delete TITLE DIRECTOR LEE WILDER MCLEOD, MIKE NAME NAME 163 66TH TERRACE P.O. BOX IDSI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33413 CITY-ST-ZIP DELRAY D Addition TITLE Delete TITLE DIRECTOR ☐ Change BOB SHOEMAKER PD. STE DI POLTACK, BRYAN NAME NAME 1200 CLINT MOORE RD #10 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-ZIP TITLE ☐ Delete TITI F **X** Change Addition WARREN, RUSTY NAME NAME 1191 SOUTH DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS DIKIB HWY CITY-ST-ZIP **DELRAY BEACH FL 33483** 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 supplier intal 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 of 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:

RNATULE CECULARED.

7/10/01 56/7401737