## 2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

## Apr 01, 2002 8:00 am **DOCUMENT # 733292** Secretary of State 1. Entity Name 04-01-2002 90030 039 \*\*\*\*61.25 PALM BEACH COUNTY ASSOCIATION OF PLUMBING HEATIN G COOLING CONTRACTORS, INC. Principal Place of Business Mailing Address 1127 SE 2ND ST. PHCC POST OFFICE BOX 17752 **BOYNTON BEACH FL 33435** WEST PALM BEACH FL 33416 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 51-0192468 Not Applicable Ziţ? Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) **JCKLEY, REBECCA** 1127 SE 2ND STREET **BOYNTON BEACH FL 33435** City Zip Code 8. The above name ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. **SIGNATURE** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. LESIDENT DIFECTOR TITLE TITLE ☐ Delete EMILIO RICEARDI NAME **BUCKLEY, GREGORY** NAME 0. Box 7.40164 STREET ADDRESS 1127 SE 2ND ST. STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33435** CITY-ST-ZIP BOYNTON BEACH, TITLE Delete Addition TITLE DIRECTOR NAME THOMASON, THOMAS APK HYSONG "G" STREET STREET ADDRESS 2920 NW 2ND AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33431 PL 33460 TITLE □ Delete TITLE DIFECTOR KOENIG, BILLY MICHAEL MC DAMAPA NAME NAME 4766 NW 2NO ST. STREET ADDRESS 21000 BOCA RIO RD., STE C3 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33433** d vice president TITLE ☐ Delete TITLE Change ☐ Addition WILDER, LEE NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 1051 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33444 TITLE ☐ Delete TITLE ☐ Change ☐ Addition SHOEMAKER, BOB NAME NAME STREET ADDRESS STREET ADDRESS 1810 HYPOLUXO RD., STE D1 CITY-ST-ZIP CITY-ST-ZIP Lantana FL 33462 TREASURER TITLE ☐ Delete TITLE Change ☐ Addition NAME WARREN, RUSSELL NAME STREET ADDRESS 1191 SOUTH DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** 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 supplied entail 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 rustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if