2008 NOT-FOR-PROFIT CORPORATION

FILED Mar 10, 2008 8:00 am Secretary of State

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DOCUMENT #733292 PALM BEACH COUNTY ASSOCIATION OF PLUMBING HEATING COOLING CONTRACTORS, INC. 400 ---Principal Place of Business Mailing Address 1127 SE 2ND ST. PHCC **BOYNTON BEACH, FL 33435 POST OFFICE BOX 17752** WEST PALM BEACH, FL 33416 US Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02112008 Chg-NP CR2E037 (12/06) Applied For 4. FEI Number 51-0192468 City & State City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BUCKLEY, REBECCA** 1127 SE 2ND STREET Street Address (P.O. Box Number is Not Acceptable) BOYNTON BEACH, FL 33435 City Zip Code 8. The above named on the 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 edistered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. D TITLE TITLE Delete Change WILDER, LEE MAME NAME 510 ELDORADO LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33444 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME LESIAK, KEVIN NAME P. O. BOX 18822 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL. 33416 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MALKIEL, WARREN NAME NAME STREET ADDRESS 4848 NW 5TH STREET STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33445 CITY-ST-ZIP TITLE TITLE Change ☐ Addition Delete HYSONG, MARK NAME NAME 518 NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKEWORTH, FL 33460 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition MILE PETERSON, JAMES NAME NAME STREET ADDRESS **2837 SE 1ST COURT** STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33435 CITY-ST-ZIP TITLE Delete TITLE Change Addition SCHOLZ, BRYON NAME 149 SWAIN AVE. STREET ADDRESS STREET ADORESS GREENACRES, FL 33463 CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eath; 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 attach SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR