

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90184 005 ****61.25

DOCUMENT # 733292

1. Entity Name
PALM BEACH COUNTY ASSOCIATION OF PLUMBING HEATING COOLING CONTRACTORS, INC.



Principal Place of Business
**1127 SE 2ND ST.
BOYNTON BEACH FL 33435
US**

Mailing Address
**PHCC
POST OFFICE BOX 17752
WEST PALM BEACH FL 33416
US**

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 **51-0192468**

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

**BUCKLEY, REBECCA
1127 SE 2ND STREET
BOYNTON BEACH FL 33435**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **BUCKLEY, GREGORY**
STREET ADDRESS **1127 SE 2ND ST.**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **BOB SHOEMAKER**
STREET ADDRESS **1810 HYPOLEX RD STE D1**
CITY-ST-ZIP **LANTANA, FL 33462-4055**

TITLE **D** ☐ Delete
NAME **RICCARDI, EMILIO**
STREET ADDRESS **P.O. BOX 740160**
CITY-ST-ZIP **LAKEWORTH FL 33474**

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

TITLE **S** ☐ Delete
NAME **KOENIG, BILLY**
STREET ADDRESS **21000 BOCA RIO RD., STE C3**
CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE **D** ☐ Delete
NAME **HYSONG, MARK**
STREET ADDRESS **602 N. "G" STREET**
CITY-ST-ZIP **LAKEWORTH FL 33460**

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

TITLE **D** ☐ Delete
NAME **MCMAMARA, MICHAEL**
STREET ADDRESS **4766 NW 2ND ST**
CITY-ST-ZIP **BOCA RATON FL 33431**

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

TITLE **Vice President** ☐ Delete
NAME **WARREN, RUSSELL**
STREET ADDRESS **1191 SOUTH DIXIE HIGHWAY**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

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 all other like empowered.

SIGNATURE: *Russell Warren*

Date

Daytime Phone #

11/Feb 2003

CR2E037 (10/02)