## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

## Apr 20, 2000 8:00 am Secretary of State DOCUMENT # **G52862** 1. Entity Name ART PLUMBING & AIR CONDITIONING, INC. 04-20-2000 90098 017 \*\*\*150.00 Mailing Address Principal Place of Business 3848 N.W. 126TH AVE. 3848 N.W. 126TH AVE. CORAL SPGS FL 33065-2451 CORAL SPGS FL 33065 3. Mailing Address 2. Principal Place of Business <u> 12438 WILES ROAD</u> 12438 WILES ROAD Suite, Apt. #, etc. CORAL SPRINGS, FL. 33076 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE CORAL SPRINGS, FL.33076 City & State 4. FEI Number Applied For City & State 59-2313044 Not Applicable CORAL SPRINGS. FL CORAL SPRINGS. Zip. 33076 \$8.75 Additional Zip 33076 Country 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DATTILE, GREGG Street Address (P.O. Box Number is Not Acceptable) 11957 NW 53RD CT CORAL SPRINGS FL 33065 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition **PDM** TITLE TITLE ☐ Delete NAME NAME DATTILE, GREGG STREET ADDRESS STREET ADDRESS 11957 NW 53 COURT CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL ☐ Addition ☐ Delete ☐ Change TITLE VDST TITLE NAME NAME DATTILE, T. M STREET ADDRESS STREET ADDRESS 5234 NW 109 LANE CITY-ST-ZIP CITY-ST-7IP CORAL SPRINGS FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607 and attachment with an address, with all other like empowered.

**FILED**