FILED Mar 26, 2002 8:00 am § Secretary of State 03-26-2002 90044 017 ***150.00 ₹

2002 UNIFORM BUSINESS REPORT (UBR)

H35896

DOCUMENT # 1. Entity Name

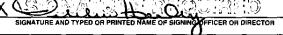
HEALEY PLUMBING, INC.

Principal Place of Business

Mailing Address

% PETER HEALEY 4341 N.E. 22ND AVENUE FT. LAUDERDALE FL 33308 US			4341 N.E. 22ND AVENUE FORT LAUDERDALE FL 33308 US									
2. Principal Place of Business			3. Mailing Address				\$ 1001DI\$ D100 I[II	DI ONTON HOUSE HOUSE	Utoti Oidii		INTI DIRIT TANI	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State		4.	4. FEI Number 59-2474326			Applied For Not Applicable			
Zip	Zip Country		Zip Cour		try	5.	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						7.	Name and Addres	ss of New Regist	ered Ag	ent		
					Name							
HEALEY,				Street Address (P.O. Box Number is Not Acceptable)								
4341 N.E. 22ND AVENUE FT. LAUDERDALE FL 33308					The state of the s							
FICEAUDI	ERDALE FL 3330	8		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.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
			<u></u>				T			-		
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550. Make Check Payable to Department of			50.00		ampaign Financir I Contribution.	g 🔲		0 May Be to Fees	
11. OFFICERS AND			IRECTORS 12.			Al	DDITIONS/CHANG	GES TO OFFICER	S AND D	RECTORS	IN 11	
TITLE	P	_	☐ Delete						_ Change	☐ Addition		
NAME HEALEY, PETER STREET ADDRESS 4341 N.F. 22ND AVENUE				E Et address	l					}		
STREET ADDRESS 4341 N.E. 22ND AVENUE FT. LAUDERDALE FL			ll ll		-ST-ZIP						Ì	
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.



Daytime Phone #