## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # J49320** Mar 29, 2000 8:00 am Secretary of State BROEDELL PLUMBING SUPPLY, INC. 03-29-2000 90068 033 \*\*\*150.00 Principal Place of Business Mailing Address % JOHN BROEDELL % JOHN BROEDELL 19686 U.S. HIGHWAY #1 19686 U.S. HIGHWAY #1 TEQUESTA FL 33469 **TEQUESTA FL 33469** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2743259 Not Applicable Country 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 Name **BROEDELL, JOHN** Street Address (P.O. Box Number is Not Acceptable) 19686 U.S. HIGHWAY #1 **TEQUESTA FL 33458** 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete Addition TITI F TITLE **BROEDELL, JOHN** NAME NAME STREET ADDRESS STREET ADDRESS 19686 U.S. HWY #1 CITY-ST-ZIP CITY-ST-ZIP TEQUESTA FL ☐ Delete Change Addition TITLE TITLE NAME MEARS, J.M. NAME STREET ADDRESS 19686 U.S. HWY #1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TEQUESTA FL Delete -TITLE · -- -- -☐ Change ☐ Addition TITLE NAME FAMILO, ANNE NAME STREET ADDRESS 362 COMMERCE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL ☐ Delete TITLE ☐ Change Addition TITLE NAME BROEDELL. CHERYL NAME STREET ADDRESS STREET ADDRESS 19686 US HWY 1 CITY-ST-ZIP CITY-ST-ZIP TEQUESTA FL 33469 ☐ Delete ☐ Change Addition 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

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 807. 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.

SIGNATURE:

SIGNATURE

SIGNATURE NAME OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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