## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 20, 2001 8:00 am **DOCUMENT # J49320** Secretary of State 1. Entity Name BROEDELL PLUMBING SUPPLY, INC. 02-20-2001 90080 019 \*\*\*150.00 Principal Place of Business Mailing Address > JOHN BROEDELL % JOHN BROEDELL 023282 19686 U.S. HIGHWAY #1 19686 U.S. HIGHWAY #1 TEQUESTA FL 33469 TEQUESTA FL 33469 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2743259 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent-Name **BROEDELL, JOHN** Street Address (P.O. Box Number is Not Acceptable) 19686 U.S. HIGHWAY #1 **TEQUESTA FL 33458** Zip Code City ${\sf FL}$ 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition DP ☐ Delete TITLE TITLE BROEDELL, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 19686 U.S. HWY #1 CITY-ST-ZIP CITY-ST-ZIP **TEQUESTA FL** ☐ Addition ☐ Change ☐ Delete TITLE TITLE MEARS, J.M. NAME NAME STREET ADDRESS 19686 U.S. HWY #1 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP tequesta fl Change ☐ Addition\_ TITLE Delete TITLE NAME FAMILO, ANNE NAME 362 COMMERCE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL ☐ Change ☐ Addition Delete TITLE TITLE BROEDELL, CHERYL NAME NAME 19686 US HWY 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TEQUESTA FL 33469 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment of the corporation of the receiver of the corporation of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of th

JM MEANS SEC. 1-17-01 561-747-8200

R DIRECTOR Date Dayline Phone # SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR