

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K48258

1. Entity Name

AMERICAN PLUMBING OF BREVARD, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90006 045 ***158.75

Principal Place of Business

Mailing Address

P O BOX 360901
MELBOURNE FL 32936-0901
US

P. O. BOX 360901
MELBOURNE FL 32936-0901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0087678

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRECHOK, JAMES
2079 LUCILLE LANE
MELBOURNE FL 32935

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.

SIGNATURE

James A. Trechok

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-2000

9. 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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 - May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MOFFITT, PETER
STREET ADDRESS 589 IRONWOOD DRIVE
CITY-ST-ZIP MELBOURNE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME TRECHOK, JAMES A
STREET ADDRESS 2079 LUCILLE LANE
CITY-ST-ZIP MELBOURNE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ST
NAME MOFFITT, JANIS P
STREET ADDRESS 589 IRONWOOD DR
CITY-ST-ZIP MELBOURNE FL 32935

☐ Delete

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

James A. Trechok

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-2000 727-1913

CR20014 (9/98)