

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K58452

1. Entity Name

DAVE PACKARD PLUMBING, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90042 032 ***150.00

Principal Place of Business

Mailing Address

% JOHN DAVID PACKARD
711 IBIS WAY
NORTH PALM BEACH FL 33408

% JOHN DAVID PACKARD
~~420 US HWY #1~~
NORTH PALM BEACH FL 33408
US

2. Principal Place of Business

1233 OLD DIXIE HWY

3. Mailing Address

1233 OLD DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#7

#7

City & State

LAKE PARK, FL

City & State

LAKE PARK, FL

Zip

Country

33403

USA

Zip

Country

33403

USA

4. FEI Number

65-0086909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PACKARD, JOHN DAVID
711 IBIS WAY
NORTH PALM BCH FL 33408

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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	<input type="checkbox"/> Delete
NAME	PACKARD, JOHN DAVID	
STREET ADDRESS	711 IBIS WAY	
CITY-ST-ZIP	NORTH PALM BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN DAVID PACKARD 3-20-00 694-2825

CR2E034 (9/99)