

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 21, 2002 8:00 am
Secretary of State

04-26-2002 90025 038 ***150.00

0029089 AV

DOCUMENT # K88052

1. Entity Name

CHAPMAN PLUMBING INC.

Principal Place of Business

C/O JOELA A CHAPMAN
715 N E 6TH STREET
POMPANO BEACH FL 33060

Mailing Address

C/O JOELA A CHAPMAN
715 N E 6TH STREET
POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0193857**

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

CHAPMAN, JOELA A.
715 N E 6TH STREET
POMPANO BEACH FL 33060

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CHAPMAN, JOELA A. 715 N.E. 6TH ST. POMPANO BEACH FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joela A Chapman* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/02 954-941-6367

CR2E034 (4/02)

Attachment
Document #

K88052/39013

Thomas E. Arpei

660 Linton Blvd, Suite 105
Delray Beach, FL 33444-8150
Tel. (954) 481-2200

July 14, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: UBR Document #K88052
Chapman Plumbing, Inc.


I am enclosing a signed UBR for my above referenced client. I ask that you accept this signed report as timely filed for the following reason:

Mr. Chapman filed his UBR in April 2002 well before the May 1st deadline. Mr. Chapman paid his required fee of \$150 with the report. Apparently Mr. Chapman did not sign the report at the time it was filed. The Department of State returned the report to Mr. Chapman and requested he sign the report, and return it within 30 days. During this time Mr. Chapman's wife was very ill and she passed away on 5/17/02. I have enclosed a copy of her death certificate with this correspondence. Upon receiving the second notice that his corporation would be administratively dissolved Mr. Chapman contacted me for assistance.

I respectfully ask that you accept this report as timely filed under the circumstances stated above.

Thank you for your consideration in this matter.

Sincerely,



Thomas Arpei

Enclosures
CC: Joe Chapman

STATE OF FLORIDA

OFFICE of VITAL STATISTICS
CERTIFIED COPYAttachment
Document #
K88052
39013TYPE OR
PRINT IN
PERMANENT
BLACK INKCERTIFICATE OF DEATH
FLORIDA

1. DECEDENT'S NAME FIRST: BETTY MIDDLE: LOU LAST: CHAPMAN		2. SEX FEMALE	
3. DATE OF DEATH (Month, Day, Year) MAY 16, 2002		4. SOCIAL SECURITY NUMBER 237-44-6286	
5. DATE OF BIRTH (Month, Day, Year) JANUARY 27, 1934		6. AGE - Last Birthday (Years) 68	
7. BIRTHPLACE (City and State or Foreign Country) CHARLOTTE, NC		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) NO	
9a. PLACE OF DEATH (Check only one: see instructions on other side) HOSPITAL: <input checked="" type="checkbox"/> Inpatient ER/Outpatient: <input type="checkbox"/> DCA OTHER: <input type="checkbox"/> Nursing Home Residence: <input type="checkbox"/> Other (Specify): <input type="checkbox"/>		9b. INSIDE CITY LIMITS? (Yes or No) YES	
10. FACILITY NAME (If not institution, give street and number) IMPERIAL POINT MEDICAL CENTER		11. CITY, TOWN, OR LOCATION OF DEATH FT. LAUDERDALE	
12. DECEDENT'S USUAL OCCUPATION HOMEMAKER		13. KIND OF BUSINESS/INDUSTRY OWN HOME	
14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) MARRIED		15. SURVIVING SPOUSE (If wife, give maiden name) JOELA CHAPMAN	
16. RESIDENCE - STATE FLORIDA		17. COUNTY BROWARD	
18. CITY, TOWN, OR LOCATION POMPANO BEACH		19. STREET AND NUMBER 715 NE 6 STREET	
20. INSIDE CITY LIMITS (Yes or No) YES		21. ZIP CODE 33060	
22. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify: No or Yes - If yes, specify Mexican, Puerto Rican, etc.) No		23. RACE - American Indian, Black, White, etc. (Specify) WHITE	
24. DECEDENT'S EDUCATION (Specify only highest grade completed: Elementary/Secondary, College (1-4 or 5+)) 12		25. FATHER'S NAME (First, Middle, Last) JOHN CRAWFORD	
26. MOTHER'S NAME (First, Middle, Last) PEARL HARPER		27. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 715 NE 6 STREET, POMPANO BEACH, FLORIDA 33060	
28. METHOD OF DISPOSITION Burial: <input checked="" type="checkbox"/> Cremation: <input type="checkbox"/> Removal from State: <input type="checkbox"/> Other (Specify): <input type="checkbox"/>		29. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) ABCO CREMATORY	
30. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature)		31. LICENSE NUMBER (of Licensee) 2962	
32. NAME AND ADDRESS OF FACILITY BROWARD SERVICES 1531 SW 7 AVE., POMPANO BEACH, FL 33060		33. DATE SIGNED (Mo., Day, Yr.) 5/17/02	
34. DATE OF DEATH MAY 16, 2002		35. HOUR OF DEATH 10:55 P	
36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) STEPHEN SILVERSTEIN, DO., 50 NE 26 AVE., #402, POMPANO BEACH, FL 33062		37. LOCAL REGISTRAR - SIGNATURE (Signature)	
38. DATE REGISTERED MAY 23 2002		39. IMMEDIATE CAUSE (First disease or condition resulting in death) Sudden cardiac pulmonary failure	
40. SEQUENCE OF CAUSE (List conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.) Sepsis Septicemic pseudotumor		41. PART II. OTHER significant conditions contributing to death but not resulting in the underlying cause given in Part I. NATURAL	
42. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? No		43. IF SURGERY IS MENTIONED IN PART I OR II, ENTER CONDITION FOR WHICH IT WAS PERFORMED NO	
44. PROBABLE MANNER OF DEATH (Specify): Natural, accident, suicide, homicide, or undetermined.		45. DATE OF INJURY (Month, Day, Year) MAY 16, 2002	
46. TIME OF INJURY M		47. INJURY AT WORK? (Yes or No) NO	
48. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify) NATURAL		49. LOCATION (Street and Number or Rural Route Number, City or Town, State) 715 NE 6 STREET, POMPANO BEACH, FLORIDA 33060	

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY

Doris Owens
Deputy Chief Registrar

State Registrar

MAY 23 2002

WARNING:

13433219

THIS DOCUMENT IS PRINTED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF
HEALTH