

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

017942 AV

04-08-2002 90215 043 ***150.00

DOCUMENT # L08011

1. Entity Name
COLLETTE PLUMBING, INC.

Principal Place of Business
9723 NW 36TH MANOR
CORAL SPRINGS FL 33065
US

Mailing Address
9723 NW 36TH MANOR
CORAL SPRINGS FL 33065
US



2. Principal Place of Business

5617 N.W. 79th WAY
Suite, Apt. #, etc.

3. Mailing Address

5617 N.W. 79th WAY
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PARKLAND, FLORIDA
Zip Country
33067-1165 US

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PARKLAND, FLORIDA
Zip Country
33067-1165 US

4. FEI Number **65-0151874**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COLLETTE, PAUL E.
9723 NW 36TH MANOR
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
5617 N.W. 79th WAY
City **PARKLAND** **FL** **Zip Code** **33067**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ Delete
NAME **COLLETTE, PAUL E.**
STREET ADDRESS **9723 NW 36TH MANOR**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **DVS** ☐ Delete
NAME **COLLETTE, BARBARA E.**
STREET ADDRESS **9723 NW 36TH MANOR**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☒ Change ☐ Addition
NAME **COLLETTE, PAUL E.**
STREET ADDRESS **5617 N.W. 79th WAY**
CITY-ST-ZIP **PARKLAND, FL 33067-1165**

TITLE **DVS** ☒ Change ☐ Addition
NAME **COLLETTE, BARBARA E.**
STREET ADDRESS **5617 N.W. 79th WAY**
CITY-ST-ZIP **PARKLAND, FL 33067-1165**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ 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: **PAUL E. COLLETTE**
X **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X **3/28/02**

Date

954-781-5358

Daytime Phone #

CR2E034 (9/01)