

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L58511

1. Entity Name

BROWARD PLUMBING COMPANY, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90002 005 ***150.00

Principal Place of Business

Mailing Address

C/O ANN H. GUARDINO
2618 OKEECHOBEE LANE
FT. LAUDERDALE FL 33312

C/O ANN H. GUARDINO
2618 OKEECHOBEE LANE
FT. LAUDERDALE FL 33312-4626

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0187987

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GUARDINO, ANN H.
2618 OKEECHOBEE LANE
FT. LAUDERDALE FL 33312-4997

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PSD	GUARDINO, ANN H.	2618 OKEECHOBEE LANE	FT. LAUDERDALE FL						
	VPTD	GUARDINO, HENRY A.	2618 OKEECHOBEE LANE	FT. LAUDERDALE FL						

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:

Ann H. Guardino, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2000

Date

954-321-0507

Daytime Phone #

CR2E034 (9/99)