

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L66000

1. Entity Name

R.B.M. PLUMBING INC.

Principal Place of Business

810 BORDE DEL CAMINO  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address

P.O. BOX 161805  
ALTAMONTE SPRINGS FL 32716-1805

2. Principal Place of Business

698 Douglas Av.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Altamonte Spgs. FL

City & State

4. FEI Number

59-3004962

Applied For

Not Applicable

Zip

Country

32714

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAHLER, RONALD B  
810 BORDE DEL CAMINO  
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name

Mahler, Ronald B.

Street Address (P.O. Box Numbers Not Acceptable)

109 Valley Court

City

Longwood

FL

Zip Code

32719

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 Ronald B. mahler

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

Ronald B. Mahler

(NOTE: Registered Agent signature required when reinstating)

4-5-00

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

TITLE PS  
NAME MAHLER, RONALD B  
STREET ADDRESS 665 SABAL LAKE DR. #101  
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  
NAME mahler, Ronald B.  
STREET ADDRESS 109 Valley Ct.  
CITY-ST-ZIP Longwood, FL 32779 ☒ Change ☐ Addition

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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:

Ronald B. Mahler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-00

Date

407-869-5509

Daytime Phone #

CR2F034 (9/99)