

DOCUMENT # L66000

1. Entity Name

R.B.M. PLUMBING INC.

Principal Place of Business

Mailing Address

698 DOUGLAS AVE  
ALTAMONTE SPRINGS FL 32714  
US

P.O. BOX 161805  
ALTAMONTE SPRINGS FL 32716

2. Principal Place of Business

445 Douglas Av.

3. Mailing Address

Suite, Apt. #, etc.

Suite 2005-14

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Zip

32714

Country

U.S.

Zip

Country

4. FEI Number 59-3004962

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

MAHLER, RONALD B  
109 VALLY COURT  
LONGWOOD FL 32779

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

*Ronald B. Mahler*

Ronald B. Mahler

1/2/01

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, 2001 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 PS ☐ Delete  
NAME MAHLER, RONALD B  
STREET ADDRESS 109 VALLY CT  
CITY-ST-ZIP LONGWOOD FL 32779

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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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:

*Ronald B. Mahler*

Ronald B. Mahler, President 1/2/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 869-5509

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90091 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)