

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90081 001 ***150.00

0073109 AV

DOCUMENT # L66000

1. Entity Name

R.B.M. PLUMBING INC.

Principal Place of Business

**445 DOUGLAS AVE.
SUITE 2005-14
ALTAMONTE SPRINGS FL 32714
US**

Mailing Address

**P.O. BOX 161805
ALTAMONTE SPRINGS FL 32716**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1035 Sunshine Lane

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 108

City & State

Altamonte Springs FL

City & State

4. FEI Number

59-3004962

Applied For

Not Applicable

Zip

32714

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MAHLER, RONALD B
109 VALLY COURT
LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

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 / President

1/7/2002

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 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
**PS
MAHLER, RONALD B
109 VALLY CT
LONGWOOD FL 32779** ☐ Delete

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

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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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
Ronald B Mahler / Pres

1/7/2002

(407) 869-5509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)