

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90308 009 \*\*\*150.00

**DOCUMENT # L72438**

1. Entity Name

**GEORGE'S PLUMBING SERVICES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business COCO PLUM DRIVE F FL 33050	Mailing Address 61 COCO PLUM DRIVE MARATHON FL 33050-4014 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number <b>65-0202168</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FENNER, J P**  
~~11400 OVERSEAS HWY~~ **3998 FAU BLVD.**  
~~STE 224~~ **SUITE 200**  
~~MARATHON FL 33050~~ **BOCA RATON, FL**  
**33431**

7. Name and Address of New Registered Agent

Name **N/A**

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 N/A (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>UPPERMAN, GEORGE W</b> <b>419 121 ST GULF</b> <b>MARATHON FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>UPPERMAN, SUZANNE M</b> <b>419 121 ST GULF</b> <b>MARATHON FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DUNFORD, REX M</b> <b>1093 74 ST - OCEAN</b> <b>MARATHON FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BATTMER, S H</b> <b>1101 E OCEAN DR</b> <b>KEY COLONY BCH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Suzanne M. Upperman Sec/Treas. 4-25-00 (305) 289-0778  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**SUZANNE M. UPPERMAN**

CR2E034 (9/99)