

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001642

1. Entity Name

POLK COUNTY ASSOCIATION OF PLUMBING, HEATING, AN

Principal Place of Business

700 KENSINGTON ST
LAKELAND FL 33803
US

Mailing Address

700 KENSINGTON ST
LAKELAND FL 33803-4128
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 553

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Lakeland, FL.

Zip

Country

Zip

Country

33802

U.S.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHRITTON, CHARLES P
5300 SOUTH FLORIDA AVE.
LAKELAND FL 33813

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, KEVIN	
STREET ADDRESS	215 FARMER BROWN RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ALBERTS, DAVID	
STREET ADDRESS	3133 GALLOWAY RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DAVID	
STREET ADDRESS	700 KENSINGTON ST	
CITY-ST-ZIP	AUBURNDAL FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALBERTS, DAVID	
STREET ADDRESS	3133 GALLOWAY ROAD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAYHAN SR., DAVID	
STREET ADDRESS	902 S. GOLDEN RULE COURT	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D Kontay	<input type="checkbox"/> Delete
NAME	KONTAY, WARREN J.	
STREET ADDRESS	1815 STERLING DRIVE	
CITY-ST-ZIP	LAKELAND FL	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, David	
STREET ADDRESS	700 Kensington st.	
CITY-ST-ZIP	Lakeland - FL - 33803	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Murphy, Kevin	
STREET ADDRESS	215 Farmer Brown Rd.	
CITY-ST-ZIP	Lakeland FL	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garber, Sam	
STREET ADDRESS	3837 Progress dr	
CITY-ST-ZIP	Lakeland - FL - 33811	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-00 941-683-5357

Date

Daytime Phone #

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90005 002 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3204893
Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E037 (9/99)