

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 26, 2001 08:00 AM****Secretary of State****DOCUMENT # N97000005821****1. Entity Name****PLUMBING AND MECHANICAL CONTRACTORS ASSOCIATION OF SOUTH FLORIDA, INC.****Principal Place of Business**

6828 BROADMOOR

NORTH LAUDERDALE  
330683716

FL

**Mailing Address**

POST OFFICE BOX 590474

FT. LAUDERDALE  
333590474

FL

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****23-7025802**

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**HUSTED WILLIAM E.  
6828 BROADMOORNORTH LAUDERDALE  
330683716

FL

US

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

**02/26/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	TD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS JAMES		NAME	ROGERS JAMES	
STREET ADDRESS	26 N.E. FIRST CT.		STREET ADDRESS	26 N.E. FIRST CT.	
CITY-ST-ZIP	DANIA FL 33004		CITY-ST-ZIP	DANIA FL 33004	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE KENNETH F		NAME	RICE KENNETH F	
STREET ADDRESS	3420 NE 13TH TERR.		STREET ADDRESS	3420 NE 13TH TERR.	
CITY-ST-ZIP	POMPANO BCH. FL 33064		CITY-ST-ZIP	POMPANO BCH. FL 33064	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH RICHARD		NAME	SMITH RICHARD	
STREET ADDRESS	5126 CHARDONNAY DR		STREET ADDRESS	5126 CHARDONNAY DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33067		CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BITTER DAVID		NAME	VIENS RAY	
STREET ADDRESS	4410 SW 102 AVE		STREET ADDRESS	9158 NW 41 MANOR	
CITY-ST-ZIP	DAVIE FL 33328		CITY-ST-ZIP	CORAL SPRING FL 33065	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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:**

WILLIAM HUSTED

ED

02/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)