

2000 UNIFORM BUSINESS REPORT (UBR)

5/5

FILED
Jun 08, 2000 8:00 am
Secretary of State

DOCUMENT # N97000006163

1. Entity Name

PLUMBING, HEATING, COOLING CONTRACTORS ASSOCIATI

Principal Place of Business

Mailing Address

5720 ARLINGTON ROAD
 JACKSONVILLE FL 32211

~~5720 ARLINGTON ROAD~~
~~JACKSONVILLE FL 32211-5318~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1558148

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, RANDY
 5720 ARLINGTON ROAD
 JACKSONVILLE FL 32211

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: D Delete
 NAME: DEAN, LARRY SR
 STREET ADDRESS: 5508 WILMIN WAY
 CITY-ST-ZIP: JACKSONVILLE FL 32207

TITLE: Change Addition
 NAME: DEAN, LARRY JR
 STREET ADDRESS: D/P
 CITY-ST-ZIP:

TITLE: D Delete
 NAME: FARR, ROBERT
 STREET ADDRESS: 2028 W 21 ST
 CITY-ST-ZIP: JACKSONVILLE FL 32209

TITLE: Change Addition
 NAME: add v.p.
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: D Delete
 NAME: COHN, KATHY S
 STREET ADDRESS: 5720 ARLINGTON ROAD
 CITY-ST-ZIP: JACKSONVILLE FL 32211

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME: Director
 STREET ADDRESS: FRANK STREEPEY,
 CITY-ST-ZIP: 5508 WILMIN WAY
 JACKSONVILLE FL 32207

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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: **SP**

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: *LARRY DEAN* AS Director
 SIGNATURE: LARRY DEAN JR
 DATE: 4/27/00
 DAYTIME PHONE: 904-993-3433

CR2E037 (9/99)