

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 23, 2001 08:00 AM****Secretary of State****DOCUMENT # N97000006163****1. Entity Name****PLUMBING, HEATING, COOLING CONTRACTORS ASSOCIATION OF JACKSONVILLE, INC.****Principal Place of Business**

5720 ARLINGTON ROAD

JACKSONVILLE

32211

FL

Mailing Address

P.O. BOX 16631

JACKSONVILLE

32216

FL

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

5720 ARLINGTON ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State**City & State**

JACKSONVILLE

FL

Zip**Country****Zip****Country**

32211

4. FEI Number**31-1558148****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****MILLER RANDY**
5720 ARLINGTON ROAD

JACKSONVILLE

32211

US

FL

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****02/23/2001**

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	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STREEPEY FRANK		NAME	MILLER RANDY		
STREET ADDRESS	5508 WILMIN WAY		STREET ADDRESS	5720 ARLINGTON ROAD		
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP	JACKSONVILLE FL 32211		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FARR ROBERT		NAME			
STREET ADDRESS	2028 W 21 ST		STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32209		CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEAN LARRY JR		NAME	MILLER RANDY		
STREET ADDRESS	5508 WILMIN WAY		STREET ADDRESS	5720 ARLINGTON ROAD		
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP	JACKSONVILLE FL 32211		
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			
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: RANDY MILLER****P****02/23/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)