

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006163

1. Entity Name

PLUMBING, HEATING, COOLING CONTRACTORS ASSOCIATION OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

5720 ARLINGTON ROAD
JACKSONVILLE FL 32211

5720 ARLINGTON ROAD
JACKSONVILLE FL 32211

2. Principal Place of Business

3. Mailing Address

5514 BURDETTE ROAD

5514 BURDETTE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE FL

JACKSONVILLE FL

Zip

Country

Zip

Country

32211

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



00430

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MILLER, RANDY
5720 ARLINGTON ROAD
JACKSONVILLE FL 32211

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MILLER, RANDY
5720 ARLINGTON ROAD
JACKSONVILLE FL 32211

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/O
DARYL POWELL
5514 BURDETTE ROAD
JACKSONVILLE FL 32211

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FARR, ROBERT
2028 W 21 ST
JACKSONVILLE FL 32208

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/D
DICK BUCHANAN
5514 BURDETTE ROAD
JACKSONVILLE FL 32211

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MILLER, RANDY
5720 ARLINGTON ROAD
JACKSONVILLE FL 32211

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Ante Buchanan
5514 Burdette Ave
Jacks 21 32211

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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 of 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

Date

Daytime Phone #

4-16-02 X904 744-9138

CR2037 (9/01)