

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 07, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000095665

1. Entity Name
PHILIP ANDREWS PLUMBING CONTRACTOR, INC.

Principal Place of Business
5811 N W 81ST TERRACE
PARKLAND FL 33067

Mailing Address
5811 N W 81ST TERRACE
PARKLAND FL 33067

2. Principal Place of Business
3100 N.E. 48 ST

3. Mailing Address
3100 N.E. 48 STREET

Suite, Apt. #, etc.
116

Suite, Apt. #, etc.
116

City & State
FORT LAUDERDALE FL

City & State
FORT LAUDERDALE FL

Zip Country
33308

Zip Country
33308

4. FEI Number
65-1045428

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

MCGOEY MICHAEL J
209 N. SEACREST BOULEVARD
BOYNTON BEACH FL 33067 US

7. Name and Address of New Registered Agent

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 _____ DATE 09/07/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSTD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL 33067	Delete
		ANDREWS PHILIP	5811 N W 81ST TERRACE	PARKLAND	FL 33067	<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL 33308	Change	Addition
		ANDREWS PHILIP	3100 N.E. 48 STREET #116	FORT LAUDERDALE	FL 33308	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Philip Andrews

PSTD 09/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)