

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90024 006 \*\*\*550.00

**DOCUMENT # P00000108734**

1. Entity Name

**SOUTHEASTERN PLUMBING SUPPLY, INC.**

Principal Place of Business

**1710 NW 22ND COURT BAY 20  
 POMPANO BEACH FL 33069**

Mailing Address

**1710 NW 22ND COURT BAY 20  
 POMPANO BEACH FL 33069**

2. Principal Place of Business

**1870 NW 21 STREET**

Suite, Apt. #, etc.

3. Mailing Address

**1870 NW 21 STREET**

Suite, Apt. #, etc.

City & State

**POMPANO BEACH, FL**

City & State

**POMPANO BEACH, FL**

Zip

**33069**

Country

**USA**

Zip

**33069**

Country

**USA**

4. FEI Number

**65-1062766**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**RAYMOND, NORMAN**

**1710 NW 22ND COURT BAY 20  
 POMPANO BEACH FL 33069**

7. Name and Address of New Registered Agent

Name

**RAYMOND, NORMAN**

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

**1870 NW 21 STREET**

City

**POMPANO BEACH**

**FL**

Zip Code

**33069**

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

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, 2002 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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KURTIKA, TARA LEE</b>	
STREET ADDRESS	<b>1710 NW 22ND CT</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33069</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>RAYMOND, NORMAN</b>	
STREET ADDRESS	<b>1870 NW 21 ST</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33069</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAYMOND, NORMAN</b>	
STREET ADDRESS	<b>1870 NW 21 ST</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33069</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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:

**SIGNATURE REQUIRED**  
 Signature and typed or printed name of signing officer or director

Date

Daytime Phone #