

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90001 035 \*\*\*550.00

**DOCUMENT # P01000040719**

1. Entity Name  
**P.A. PLUMBERS, INC.**

Principal Place of Business  
**2600 DOUGLAS ROAD SUITE 501**  
**CORAL GABLES FL 33134**

Mailing Address  
**2600 DOUGLAS ROAD SUITE 501**  
**CORAL GABLES FL 33134**

2. Principal Place of Business  
**9390 SW 55 Ct.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**5722 S. Flamingo Rd**  
 Suite, Apt. #, etc.  
**# 360**

City & State  
**Cooper City**

City & State  
**Cooper City**

4. FEI Number  
**65-1096524**

Applied For  
 Not Applicable

Zip  
**33328**

Country  
**U.S.A.**

Zip  
**33330-3206**

Country  
**U.S.A.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**KATZ, RICHARD D**  
**2600 DOUGLAS ROAD SUITE 501**  
**CORAL GABLES FL 33134**

## 7. Name and Address of New Registered Agent

Name **Patricia A. Jay**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9390 SW 55 Ct**  
 City **Cooper City** **FL** Zip Code **33328**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Patricia Anne Jay, President**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**8/14/02**  
 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **D** ☐ Delete  
 NAME **JAY, PATRICIA ANNE**  
 STREET ADDRESS **15121 WHETSTONE WAY**  
 CITY-ST-ZIP **SOUTHWEST RANCHES FL 33331**

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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: **Patricia Anne Jay**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/14/02** **954-252-6776**  
 Date Daytime Phone #

CR2E034 (4/02)