

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000055821
1. Entity Name
ALL PUMPS & SPRINKLERS, INC. ✓

FILED
Jun 11, 2002 8:00 am
Secretary of State

05-21-2002 91145 037 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
976 W. PROSPECT RD
Suite, Apt. #, etc.

3. Mailing Address
2221 SW 8th WAY
Suite, Apt. #, etc.

City & State
FT LAUDERDALE, FL
Zip
33334
Country
USA

City & State
FT LAUDERDALE, FL
Zip
33312
Country
USA

4. FEI Number
65-111927
Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SPEIGAL & UTERA, PA

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

City
CELESTIAL GABLES, FL Zip Code
33134

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
CRISCIONE, GEORGE J.
976 WEST PROSPECT RD
PORT LAUDERDALE, FL 33334

TITLE
NAME
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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 on an attachment with an address, with or without other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 (954) 522-4047
Date Daytime Phone #