

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90140 007 ***150.00

DOCUMENT # P02000016333

1. Entity Name
ALL COUNTY PUMPS AND ELECTRIC MOTORS, INC.



Principal Place of Business
8250 NEEDLES DRIVE
PALM BEACH GARDENS FL 33418

Mailing Address
8250 NEEDLES DRIVE
PALM BEACH GARDENS FL 33418



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
350 Business Parkway

3. Mailing Address

Suite, Apt. #, etc.
Bay #105

Suite, Apt. #, etc.

City & State
Foyal Palm Beach

City & State

Zip
33411

Country
U.S.A.

Zip

Country

4. FEI Number

04-3610010

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, JAMES M ESQ.
1211 THE PLAZA
SINGER ISLAND FL 33404

Name

Leonard Perez

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

8250 Needles Drive

City

Palm Beach Gardens

FL

Zip Code

33418

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-04-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D PEREZ, LEONARD
8250 NEEDLES DRIVE
PALM BEACH GARDENS FL 33418

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Timothy Payne
17186 89th Place North
Loxahatchee, FL 33470

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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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 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 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 #

3/4/03 *(301) 798-4800*

CR2E034 (10/02)