


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

APPROVE
AND
FILED

06 MAR 30 PH 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DSK

DOCUMENT # P05000056664	
1. Entity Name J-FAMILY PLUMBING, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 301 Oakridge Q	3. Mailing Address The same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Deerfield Beach, Florida	City & State	4. FEI Number 20-2741324	Applied For <input type="checkbox"/> Not Applicable
Zip 33442	Country	Zip	Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SPIEGEL & UTRERA, P.A.
Street Address (P.O. Box Number is Not Acceptable) 1840 Southwest 22 Street, 4th Floor
City Miami
State FL
Zip Code 33145

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Timothy J. Kuhlman 301 Oakridge Q, Deerfield Beach, FL 33442	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000069966720 04/10/06--01075--008 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Justin T. Kuhlman 301 Oakridge Q, Deerfield Beach, FL 33442	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Jason E. Kuhlman 301 Oakridge Q, Deerfield Beach, FL 33442	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Jonathan K. Kuhlman 301 Oakridge Q, Deerfield Beach, FL 33442	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowerment.

SIGNATURE: *Timothy J. Kuhlman* Timothy J. Kuhlman 3/27/06 954-563-6664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone