

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

APPROVED  
AND  
FILED

DOCUMENT # P05000056664

1. Entity Name

J-FAMILY PLUMBING, INC.



06 MAR 30 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PSL

**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.

City & State  
Deerfield Beach, Florida

City & State

Zip  
33442

Zip

Country

4. FEI Number  
20-2741324

Applied For  
Not Applicable

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

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

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

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

(NOTE: Registered Agent signature required when renotating)

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.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME Timothy J. Kuhlman  
STREET ADDRESS 301 Oakridge Q, Deerfield Beach, FL 33442  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000069966720  
04/10/06-01075-008 \*\*150.00

TITLE V  
NAME Justin T. Kuhlman  
STREET ADDRESS 301 Oakridge Q, Deerfield Beach, FL 33442  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME Jason E. Kuhlman  
STREET ADDRESS 301 Oakridge Q, Deerfield Beach, FL 33442  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE T  
NAME Jonathan K. Kuhlman  
STREET ADDRESS 301 Oakridge Q, Deerfield Beach, FL 33442  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 empowered.

SIGNATURE: *Timothy J. Kuhlman* Timothy J. Kuhlman

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06 954-562-6664  
Date Daytime Phone #

CR2E034B (12/02)