

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000013603**

1. Entity Name

**STEVE'S PLUMBING SERVICE INC.****FILED****Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90079 041 \*\*\*150.00

Principal Place of Business

Mailing Address

**3855 N.E. 12 AVE  
POMPANO BEACH FL 33064  
US****3855 NE 12 AVE  
POMPANO BEACH FL 33064-5109  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0391050**

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****KORELISHN, DEBRA  
3440 N.E. 13TH AVE.  
POMPANO BEACH FL 33064**

Name

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

City

**FL**

Zip Code

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)**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>P</b>	<b>KORELISHN, STEPHEN J</b>	<b>3440 NE 13 AVE POMPANO BCH FL</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>T</b>	<b>KORELISHN, DEBRA</b>	<b>3440 NE 13 AVE POMPANO BCH FL</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>V</b>	<b>KORELISHN, CRYSTAL</b>	<b>3440 NE 13 AVE POMPANO BCH FL</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>D</b>	<b>KORELISHN, STEPHEN JR</b>	<b>3440 NE 13 AVE POMPANO BCH FL</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Debra Korelishn* **Debra KORELISHN** 3/14/00 954-7857678