

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000043112

1. Entity Name

VETERANS PLUMBING AND AIR CONDITIONING OF PALM B

FILED

Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90397 007 \*\*\*150.00

Principal Place of Business

3020 N.W. 23RD AVE.  
OAKLAND PARK FL 33322  
US

Mailing Address

3020 NW 23RD AVE.  
OAKLAND PARK FL 33322  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0496834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUBINCHIK, HARVEY L  
1776 N PINE ISLAND RD  
SUITE 118  
PLANTATION FL 33322

7. Name and Address of New Registered Agent

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 re-registering)

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, 2001 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

TITLE DT  
NAME GUILBERT, JOSEPH S  
STREET ADDRESS 511 NW 65TH AVE  
CITY-ST-ZIP MARGATE FL 33063 ☐ Delete

TITLE D  
NAME KUEHN, ALBERT E  
STREET ADDRESS 328 N OCEAN BLVD #508  
CITY-ST-ZIP POMPANO BEACH FL 33062 ☒ Delete

TITLE DS  
NAME MICALE, PETER  
STREET ADDRESS 9430 LIVE OAK PL #101  
CITY-ST-ZIP FT LAUDERDALE FL 33324 ☒ Delete

TITLE P  
NAME TILLMAN, CHRIS  
STREET ADDRESS 12706 89TH PLACE N  
CITY-ST-ZIP ROYAL PALM BEACH FL 33412 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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 #

CR2E034 (10/00)