## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## P95000014678 **DOCUMENT #**

1. Entity Name

COMMERCIAL AND HOME POOL PLUMBING CORPORATION



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90117 017 \*\*\*150.00

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Principal Place of Business 11751 S.W. 168TH TERRACE MIAMI FL 33177			Mailing Address 11751 S.W. 168TH TERRACE MIAMI FL 33177					4 I <b>coloro</b> : ele iolor dille come paine abrei deve	fāli ēfālē āli	H <b>i 1200</b> 1 1 <b>0</b> 41 1041
2. Principal	Place of Busine	ess	3. Mailing Address							
Suite, Ap	ot. #, etc.	<u>.</u>	Suite, Apt. #, etc.					C OUTOV UTDE IS NOW		
City & Sta	ate		City & State				4.	CHECK HERE IF MAKING		Applied For
Zip Country			Zip Country				-	65-05/2635		Not Applicable
	6 Name	and Address of Current				· ·			<b>\$8.75</b> A Fee Requi	idditional ired
	o. Hanne	and Address of Current	Hegister	ed Agent		Al	7.	Name and Address of New Registered /	gent	
THICKER	, WILLIAM D.		Name			Name	,			
11751 S.W. 168TH TERRACE			Street Add			Street Address	ss (P.O. Box Number is Not Acceptable)			
MIAMI FL 33177						<u>.</u>				
<del>-</del> -						City		FL	Zip Co	4
8. The above the obliga	e named entity ations of register	submits this statement for red agent.	r the purp	oose of changing its	registered	d office or registe	ered ag	gent, or both, in the State of Florida. I am f	amiliar with	n, and accept
SIGNATURE	S									
	Signature, typed or	printed name of registered agent a	ind title if app	NOTE) بي سنة NOTE	Registered	Agent signature require	ed when re	einstating) DATE		(
	FILE NOW!!!	FEE IS \$150.00					يند ام اه ا	The state of the s	-	
Atte Make Chec	er May 1, 2003 k Payable to i	Fee will be \$550.00 Florida Department of	f State				i	9. Election Campaign Financing Trust Fund Contribution.		00 May Be ed to Fees
10.		OFFICERS AND I	DIRECTO	RS	11.		ΔΠ	I	DIDECTOR	20.00144
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NAME	TUCKER, BII				NAME	İ			☐ change	☐ Addition
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NAME STREET ADDRESS	TUCKER, EL	IZABETH			NAME					
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ITY-ST-ZIP					CITY CT	710 I				1

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

SIGNATURE: