

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000051178

1. Entity Name

FLORIDA DUCT INSTALLATION, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90225 014 ***150.00

Principal Place of Business

4340 NW 19TH AVE., #86
BLDG 8 BAY G
POMPANO BEACH FL 33064
US

Mailing Address

4340 NW 19TH AVE., #86
BLDG 8 BAY G
POMPANO BEACH FL 33064-8710
US

2. Principal Place of Business

14807 95th LANE NORTH

3. Mailing Address

14807 95th LANE NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH FL

4. FEI Number

65-0607288

Applied For

Not Applicable

Zip

33412

Country

Zip

33412

Country

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

ROSENTHAL, STEPHEN B ESQ
8142 N UNIVERSITY DR
TAMARAC FL 33321

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 ☐ Delete
NAME D
STREET ADDRESS BARNIKEL, PAUL
CITY-ST-ZIP 17310 63RD NORTH
LOXAHATCHEE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 17310 63RD ROAD NORTH
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS HAGE, RAFIE
CITY-ST-ZIP 4340 NW 10TH AVE., BLDG 8 BAY G
POMPANO BEACH FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 14807 95th LANE NORTH
CITY-ST-ZIP WEST PALM BEACH FL 33412

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

RAFIE HAGE

4/11/00

Date

954-592-9496

Daytime Phone #

CR2E034 (9/99)