

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 an
Secretary of State

02-07-2000 90043 047 ***150.00

DOCUMENT # P95000062690

1. Entity Name

PBM PLUMBING, INC.

Principal Place of Business

Mailing Address

1868 NW 54TH AVE
MARGATE FL 33063
US

1868 NW 54TH AVE
MARGATE FL 33063-7731
US

2. Principal Place of Business

3. Mailing Address

5421 NW 24th St
Suite, Apt. #, etc.
211

5421 NW 24th St
Suite, Apt. #, etc.
211

City & State

City & State

Margate FL

Margate FL

Zip

Country

Zip

Country

33063

33063

4. FEI Number

65-0604949

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

FLEMMING, MICHAEL
5540 N.W. 52ND CIRCLE
COCONUT CREEK FL 33073-3738

Name

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

5421 NW 24th St

City

Margate

FL

Zip Code

33063

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
Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PES
FLEMMING, MICHAEL D SR.
1868 NW 54TH AVE
MARGATE FL 33063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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, 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 #