

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90024 021 ***150.00

DOCUMENT # **P95000062690**

1. Entity Name

PBM Plumbing Inc

Principal Place of Business

Mailing Address

769830

2. Principal Place of Business

3. Mailing Address

2695 N Military Trl

2695 N Military Trl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 22

STE 22

City & State

City & State

W Palm Beach FL

W Palm Beach FL

Zip

Country

Zip

Country

33409-2946 Palm Beach

33409-2946 Palm Beach

4. FEI Number

Applied For

Not Applicable

65-0604948

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
5421 NW 24TH ST
Margate, FL 33063

Name **Flemming, Michael**
 Street Address (P.O. Box Number is Not Acceptable) **2695 N Military Trl # 22**
 City **W Palm Beach** FL Zip Code **33409**

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 \$50.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PES** ☐ Delete
 NAME **Flemming, Michael**
 STREET ADDRESS **5421 NW 24TH ST**
 CITY-ST-ZIP **Margate FL 33063**

TITLE **PES** ☒ Change ☐ Addition
 NAME **Flemming, Michael**
 STREET ADDRESS **2695 N Military Trl # 22**
 CITY-ST-ZIP **W Palm Beach FL 33409**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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 #

4/28/01 561-687-5895

CR2E034 (10/00)