

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90241 045 ***150.00

DOCUMENT # **P95000082999**

1. Entity Name

ARND'S PLUMBING & HEATING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6917 SEA CRAB CIRCLE

Suite, Apt. #, etc.

NAVARRE, FLORIDA

City & State

3. Mailing Address

6917 SEA CRAB CIRCLE

Suite, Apt. #, etc.

NAVARRE, FLORIDA

City & State

DO NOT WRITE IN THIS SPACE

Zip

32566

Country

U.S.A.

Zip

32566

Country

U.S.A.

4. FEI Number

22-2215311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KORIATH, JOELLE

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

6917 SEA CRAB CIRCLE

City

NAVARRE

FL

Zip Code

32566

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
ARND KORIATH, SR.
6917 SEA CRAB CIRCLE
NAVARRE, FL 32566**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT
ARND KORIATH, SR.
6917 SEA CRAB CIRCLE
NAVARRE, FL 32566**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY-TREASURER
JOELLE KORIATH
6917 SEA CRAB CIRCLE
NAVARRE, FL 32566**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/02 (850) 939-1400

Date

Daytime Phone #

CR2E034B (12/01)