

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 23, 2000 8:00 am**
Secretary of State

06-23-2000 90102 035 ***150.00

DOCUMENT # **P 95000084215**
1. Entity Name
ABLE PLUMBING SYSTEMS, INCPrincipal Place of Business Mailing Address
6066 188 Trail N. **6066 188 Trail N.**
Loxahatchee, Fla. **Loxahatchee, Fla.**
33470 **33470**2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country4. FEI Number **65-0638514** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional**
Fee Required

DO NOT WRITE IN THIS SPACE

00065819

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Eggert, William D.
6066 188 Trail N.
Loxahatchee, Fla. 33470Name
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 **William D. Eggert** (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	PVTD			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
	Eggert, William D.						
	6066 188 Trail N.						
	Loxahatchee, Fla. 33470						
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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: **William D. Eggert** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)