

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000016936

1. Entity Name

HURRICANE PLUMBING & SPRINKLER SERVICES, INC.

Principal Place of Business

1233 S. MILITARY TRAIL  
#F  
WEST PALM BEACH FL 33415  
US

Mailing Address

5891 S MILITARY TRAIL  
LAKE WORTH FL 33463

2. Principal Place of Business

5891 S. Military Trail  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lake Worth FL

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0649689

Applied For

Not Applicable

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

FANELLI, SUSAN Fanelli  
219 ALPINE RD  
WEST PALM BEACH FL 33405

Name

Jeffrey P. Kaiser

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

9825 W. Sample Rd. #201

City

Coral Springs

FL

Zip Code

33065

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

Jeffrey P. Kaiser

4/30/01

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, 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 D ☐ Delete  
NAME FANELLI, SUSAN  
STREET ADDRESS 219 ALPINE ROAD  
CITY-ST-ZIP W PALM BEACH FL 33405

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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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:

Susan Fanelli Susan Fanelli

4/30/01

(561) 833-4266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)