FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 30, 2002 8:00 am P96000022011 DOCUMENT # **Secretary of State** 1. Entity Name 01-30-2002 90121 047 ***150.00 HLN PLUMBING, INC. Principal Place of Business Mailing Address 6422 BRAVA WAY 6422 BRAVA WAY **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address LAKE DR DR. 7423 MOROCCA LAKE 7423 MoROCCA Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State DELRAY Applied For City & State 4. FEI Number 65-0649086 BEACH DELRAY Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3446 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NOROTSKY, HERBERT Street Address (P.O. Box Number is Not Acceptable) 7433 MoROCCA CAKE 6422 BRAVA WAY **BOCA RATON FL 33433** SEACH 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE TITLE Change ☐ Addition ☐ Delete NOROTSKY, HERBERT NAME NAME LAKE DR 6422 BRAVA WAY 1423 MOROCCA STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** C/TY-ST-ZIP CITY-ST-ZIP 33446 **VTD** TITLE ☐ Delete TITLE Change ☐ Addition NOROTSKY, SUSAN NAME MOROCCA DR 6422 BRAVA WAY STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST,-ZIP. CITY-ST-ZIP 33446 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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