## **2000 UNIFORM BUSINESS REPORT (UBR)**

## May 08, 2000 8:00 am Secretary of State DOCUMENT # **P96000040123** BRIAN'S PLUMBING AND SPRINKLERS, INC. 05-08-2000 90150 050 \*\*\*150.00 Mailing Address Principal Place of Business 7154 N. UNIVERSITY DRIVE 7154 N. UNIVERSITY DRIVE SUITE 243 SUITE 243 TAMARAC FL 33321 TAMARAC FL 33321-2916 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0666031 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FANELLI, JANET C Street Address (P.O. Box Number is Not Acceptable) 7154 N. UNIVERSITY DRIVE SUITE 243 TAMARAC FL 33321 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Added to Fees Trust Fund Contribution. (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition PD ☐ Delete TITLE TITLE FANELLI, JANET C NAME NAME STREET ADDRESS STREET ADDRESS 7415 N.W. 51ST ST. CITY-ST-ZIP CITY-ST-7IP LAUDERHILL FL 33319-6304 ☐ Change ☐ Addition Delete TITLE TITLE FANELLI, BRIAN K NAME STREET ADDRESS STREET ADDRESS 7415 N.W. 51ST ST. CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33319-6304 GARNER, SHAWN P. 7415NW 51 ST ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS LAUDERHILL, FL 33319-631 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

SIGNATURE:

IGNATURE AND TYPED OR PRINTED SAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

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