

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90177 043 ***150.00

DOCUMENT # P96000043075

1. Entity Name
PRECISION PLUMBING, INC.

Principal Place of Business

~~5000 SW 52 ST~~
~~BAY 508~~
~~DAWIE FL 33314~~

Mailing Address

~~5000 SW 52 ST~~
~~BAY 508~~
~~DAWIE FL 33314~~

2. Principal Place of Business

2201 N.W. 101ST TERRACE

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

33026

Country

BROWARD

3. Mailing Address

2201 N.W. 101ST TERRACE

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

33026

Country

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0665936

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HORKEY, DONNA L M.S. P
8211 W. BROWARD BLVD
STE PH1 5TH FLOOR
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

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, 2002 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

TITLE **PSD**
 NAME **PARADISE, DEBRA J** ☐ Delete
 STREET ADDRESS **10020 S.W. 10TH PLACE**
 CITY-ST-ZIP **DAWIE FL 33324**

TITLE **VTD**
 NAME **PARADISE, MARK A** ☐ Delete
 STREET ADDRESS **10020 S.W. 10TH PLACE**
 CITY-ST-ZIP **DAWIE FL 33324**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2201 N.W. 101ST TERRACE**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

TITLE ☒ Change ☐ Addition
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 STREET ADDRESS **2201 N.W. 101ST TERRACE**
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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBRA J. PARADISE **1/10/02** **954 4311339**
 PRES. Date Daytime Phone #

CR2E034 (9/01)