

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000065187

1. Entity Name

NORTHERN FLORIDA PLUMBING, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90062 008 \*\*\*158.75

Principal Place of Business

Mailing Address

7569 216TH ST  
O'BRIEN FL 32071  
US

P. O. BOX 324  
O'BRIEN FL 32071-0324  
US

2. Principal Place of Business

3. Mailing Address

RT 21 BOX 4099

RT 21 BOX 4099

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE CITY FL

City & State

LAKE CITY FL

4. FEI Number

59-3413967

Applied For

Not Applicable

Zip

Country

32024 COLUMBIA

Zip

Country

32024 COLUMBIA

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROMLEY, DANIEL J  
7569 216TH ST  
O'BRIEN FL 32071

Name

DANIEL J. BROMLEY

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

RT 21 BOX 4099

City

LAKE CITY

FL

Zip Code

32024

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

*Daniel J Bromley* PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/31/2000

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, 2000 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 PDST ☐ Delete  
NAME BROMLEY, DANIEL J  
STREET ADDRESS 7569 216TH ST  
CITY-ST-ZIP O'BRIEN FL 32071

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME TAPLEY, EDWARD  
STREET ADDRESS P O BOX 71 N/A  
CITY-ST-ZIP O'BRIEN FL 32071

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Daniel J Bromley* DANIEL J. BROMLEY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/00 904 7545343

CR2E034 (9/99)