

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # **P97000016812**

Amended

02 OCT -2 PM 4:37

1. Entity Name

GOLD COAST PLUMBING, INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

100008242911--8
-10/08/02--01001--007
*****61.25 *****61.25

2. Principal Place of Business

4896 NW 5th St
Suite, Apt. #, etc.

3. Mailing Address

4896 NW 5th St
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

FEI Number

65-0729930

Applied For

Not Applicable

Zip

33445

Country

USA

Zip

33445

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Phillip J. Mohorn

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

4896 NW 5th Street

City

DELRAY BEACH

FL

Zip Code

33445

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **TREASURER**
NAME **JOHN MOHORN**
STREET ADDRESS **411 NW 13th Ave**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

ADD

TITLE **OFFICER BOARD**
NAME **GREGORY WHITNEY**
STREET ADDRESS **100 NW 7th Ave**
CITY-ST-ZIP **MARGATE FL 33063**

DELETE

TITLE **PRESIDENT**
NAME **PHILLIP MOHORN**
STREET ADDRESS **4896 NW 5th Street**
CITY-ST-ZIP **DELRAY BCH. FL 33445**

TITLE **VICE PRESIDENT**
NAME **ABNER MOHORN**
STREET ADDRESS **159 SW 5th Street**
CITY-ST-ZIP **DEERFIELD BCH. FL 33441**

TITLE
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Phillip Mohorn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/02

Date

954-596-1505

Daytime Phone #

CR2E034B (12/01)