

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90021 040 ***150.00

DOCUMENT # P97000067999

1. Entity Name

NAGELBUSH PLUMBING, INC.

Principal Place of Business

Mailing Address

**5385 NOB HILL RD.
SUNRISE FL 33351**

**5385 NOB HILL RD.
SUNRISE FL 33351**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5126 CHARDONNAY DRIVE

5126 CHARDONNAY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CORAL SPRINGS

CORAL SPRINGS

City & State

City & State

FLORIDA

FLORIDA

Zip

Country

Zip

Country

33067

USA

33067

USA

4. FEI Number **65-0774760**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, RICHARD A
5385 NOB HILL ROAD
SUNRISE FL 33351**

Name

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

5126 CHARDONNAY DRIVE

City

CORAL SPRINGS

FL

Zip Code

33067

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 re:instating)

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, 2001 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 **PD** ☐ Delete
NAME **SMITH, RICHARD A**
STREET ADDRESS **5385 NOB HILL RD.**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☒ Change ☐ Addition
NAME **5126 CHARDONNAY DRIVE**
STREET ADDRESS **CORAL SPRINGS FL 33067**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: *Richard A Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-01

Date

954 341 0183

Daytime Phone #

CR2E034 (10/00)