

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080168

1. Entity Name

QUALITY CARE PLUMBING, INC.

**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90001 024 \*\*\*550.00

Principal Place of Business

2619-C SOUTH FRENCH AVENUE  
 SANFORD FL 32773

Mailing Address

2619-C SOUTH FRENCH AVENUE  
 SANFORD FL 32773

2. Principal Place of Business

1200 Belle Ave

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 1345

Suite, Apt. #, etc.

Suite 111

City & State Winter Springs FL

City & State

Sanford FL

Zip (32708)

Country

USA

Zip

32772-1345

Country

USA

4. FEI Number

59-3469494

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

POLOSKI, STANLEY A  
 2619-C SOUTH FRENCH AVENUE  
 SANFORD FL 32773

7. Name and Address of New Registered Agent

Name

JAMES RODNEY HECKLE

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

1200 Belle Ave Suite 111

~~POLOSKI, STANLEY A~~

City

~~POLOSKI~~ WINTER SPRINGS FL

Zip Code

~~32708~~ 32708

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 James Rodney Heckle

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

(NOTE: Registered Agent signature required when reinstating)

8/11/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 D  
 NAME HECKLE, RODNEY J  
 STREET ADDRESS 2619-C SOUTH FRENCH AVENUE  
 CITY-ST-ZIP SANFORD FL 32773 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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:

*James Rodney Heckle*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/00 (407) 302 3321  
 Date Daytime Phone #

CR2E034 (5/00)