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2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 05, 2000 8:00 am Secretary of State DOCUMENT # **P97000095850** 1. Entity Name PETE'S PLUMBING & GAS, INC. 02-05-2000 90020 039 ***150.00 Principal Place of Business Mailing Address 1209 NORTHWEST 127 DRIVE 1209 NORTHWEST 127 DRIVE SUNRISE FL 33323 SUNRISE FL 33323-3110 . 00016612 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0792422 Not Accom Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PTD Addition ☐ Change TITLE ☐ Delete MARLEY, PETER K NAME NAME STREET ADDRESS STREET ADDRESS 1209 NORTHWEST 127 DRIVE CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33323 Change Addition ☐ Delete TITLE MARLEY, DONNA BOYE NAME NAME STREET ADDRESS STREET ADDRESS 1209 NORTHWEST 127 DRIVE CITY-ST-ZIP CITY-ST-7IP SUNRISE FL 33323 Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Additio Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Additio ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 of 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

SIGNATURE: