

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90198 023 ***550.00

DOCUMENT # P98000030156

1. Entity Name

JPL PLUMBING SERVICES, INC.

Principal Place of Business

**7125 SW 47TH STREET
 SUITE 307
 MIAMI FL 33155**

Mailing Address

**10227 DEAN POINT PL.
 ORLANDO FL 32825**

2. Principal Place of Business

10227 DEAN POINT PL

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

City & State

4. FEI Number

59-3504860

Applied For

Not Applicable

Zip

32825

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KELLEY, JACK EDWARD
 10227 DEAN POINT PLACE
 ORLANDO FL 32825**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Jack E. Kelley

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

(NOTE: Registered Agent signature required when reinstating)

7-31-01

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 12, 2001 Fee 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	P	<input type="checkbox"/> Delete
NAME	KELLEY, JACK EDWARD	
STREET ADDRESS	10227 DEAN POINT PLACE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KELLEY, PAUL LOUIS	
STREET ADDRESS	457 NE 140TH ST.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DAVISON, KELLY L	
STREET ADDRESS	10227 DEAN PT PL	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3321 NW 17TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 33056	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jack E. Kelley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-01

Date

407-282-9431

Daytime Phone #

CR2E034 (5/01)