

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052745

1. Entity Name

PIPTONE PLUMBING INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90166 031 ***150.00

Principal Place of Business 4111 S.W. 47 AVE. SUITE 321 FT. LAUDERDALE FL 33314	Mailing Address 4111 S.W. 47 AVE. SUITE 321 FT. LAUDERDALE FL 33314-4038
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0842101	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIPTONE, MATTHEW T
 12900 S.W. 7TH COURT #301
 PEMBROKE PINES FL 33027

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	PIPTONE, NICHOLAS	
STREET ADDRESS	14981 SW 31 CT.	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DI MATTINA, THOMAS	
STREET ADDRESS	11925 S. AVIARY DRIVE	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PIPTONE, MATTHEW T JR	
STREET ADDRESS	12900 S.W. 7TH CT., #301	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	TC	<input checked="" type="checkbox"/> Delete
NAME	PIPTONE, MATTHEW T	
STREET ADDRESS	12900 S.W. 7TH CT., #301	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12006 FLICKER WAY	
CITY-ST-ZIP	COOPER CITY, FL. 33026	
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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIPTONE, NICHOLAS	
STREET ADDRESS	12006 FLICKER WAY	
CITY-ST-ZIP	COOPER CITY, FL. 33026	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-00 (954) 566-4658

Date

Daytime Phone #

CR2E034 (9/99)