

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013633

1. Entity Name

GRAY PLUMBING & MECHANICAL, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90973 032 ***158.75

Principal Place of Business

Mailing Address

~~6701 SUNSET DRIVE, SUITE 103~~
~~SOUTH MIAMI FL 33143~~

~~6701 SUNSET DRIVE, SUITE 103~~
~~SOUTH MIAMI FL 33143 4529~~

2440 N.W. 183rd Street
 Miami, Florida 33056

2440 N.W. 183rd Street
 Miami, Florida 33056

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0613772

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

CAGLE, PETER B
 6701 SUNSET DRIVE, SUITE 103
 SOUTH MIAMI FL 33143

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 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	PSD	<input checked="" type="checkbox"/> Delete
NAME	CAGLE, PETER B	
STREET ADDRESS	6701 SUNSET DRIVE, SUITE 103	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, GWENDELINA	
STREET ADDRESS	6701 SUNSET DRIVE, SUITE 103	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chester Webb	
STREET ADDRESS	2440 N.W. 183rd Street	
CITY-ST-ZIP	Miami, Florida 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		
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:

Chester Webb Chester Webb

Date

Daytime Phone #

4-28-00 305-591-9422

CR2E034 (9/99)