

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90001 015 \*\*\*158.75

**DOCUMENT # P99000042859**

1. Entity Name  
**MEDINA PLUMBING INC.**

Principal Place of Business

**6031 STRAWBERRY LAKES CIR.  
LAKE WORTH FL 33463**

Mailing Address

**6031 STRAWBERRY LAKES CIR.  
LAKE WORTH FL 33463**

2. Principal Place of Business

**1131 N. "E" STREET.**

Suite, Apt. #, etc.

3. Mailing Address

**1131 N. "E" ST.**

Suite, Apt. #, etc.

City & State

**LAKE WORTH FL.**

City & State

**L.W. FL.**

4. FEI Number

**65-0923566**

Applied For

Not Applicable

Zip

**33460**

Country

**P. B. C.**

Zip

**33460**

Country

**P. B. C.**

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MEDINA, OSCAR**

**6031 STRAWBERRY LAKES CIR.**

**LAKE WORTH FL 33463**

7. Name and Address of New Registered Agent

Name

**OSCAR MEDINA**

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

**1131 N. "E" ST.**

City

**L.W. FL.**

FL

Zip Code

**33460**

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

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

**OSCAR MEDINA**

**1-11-02**

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, 2002 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

TITLE **PSD** ☒ Delete  
NAME **MEDINA, OSCAR**  
STREET ADDRESS **6031 STRAWBERRY LAKES CIRCLE**  
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **OSCAR MEDINA** ☐ Delete  
NAME **OSCAR MEDINA**  
STREET ADDRESS **1131 N. "E" ST.**  
CITY-ST-ZIP **L.W. FL. 33460**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ 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:

*Oscar Medina*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**OSCAR MEDINA**

**1-11-02**

Date

Daytime Phone #

CR2E034 (9/01)