## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 23, 2000 8:00 am Secretary of State DOCUMENT # **P99000080204** 1. Entity Name TAP PLUMBING, INC. 04-23-2000 90062 039 \*\*\*150.00 Principal Place of Business Mailing Address 9280 JAMAICA DR. 9280 JAMAICA DR. MIAMI FL 33189-1704 MIAMI FL 33189 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 65094682 Not Applicable \$8.75 Additional 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 SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVE. CORAL GABLES FL 33134 9280 JAMAICA Drive 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 (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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE CALLIHAN, AMY M CALLIHAM, AMY M NAME CORRECT NAME STREET ADDRESS 9280 JAMAICA DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33189 Addition ☐ Change ☐ Delete TITLE PLUMMER, TIMOTHY A NAME NAME STREET ADDRESS STREET ADDRESS 9280 JAMAICA DR. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33189** VICE PRESIDENT Change Addition TITLE Delete TITLE TEDO CALLIHAN 9280 JAMAICA DE NAME NAME STREET ADDRESS STREET ADDRESS MIAMI, FL 33189 CITY-ST-7IP CITY-ST-7IF ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME 11 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

3. 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 THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-00

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Daytime Phone #