

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

0363651 AV

DOCUMENT # **P99000099709**

1. Entity Name
PEAK PLUMBING, INC.



04-30-2003 90307 046 ***150.00

Principal Place of Business
**8213 N.W. 74 AVENUE
TAMARAC FL 33321**

Mailing Address
**8213 N.W. 74 AVENUE
TAMARAC FL 33321**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 771748
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
CORAL SPRINGS FL

City & State
CORAL SPRINGS FL

Zip
33077

Country
BROWARD

4. FEI Number **65-0994208**

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

**RAMOO, JOE
8213 N.W. 74 AVENUE
TAMARAC FL 33321**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	RAMOO, JOE	
STREET ADDRESS	8213 NW 74TH AVE.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33321	
TITLE	S.	<input checked="" type="checkbox"/> Delete
NAME	RAMOO, VENA	
STREET ADDRESS	3213 NW 74TH AVENUE	
CITY-ST-ZIP	TAMARAC FL 33321	
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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF REGISTERED AGENT **JOE RAMOO** **4-28-03** **954-721-6426**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)