

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109686

1. Entity Name

AFFORDABLE TO THE POCKET HANDYMAN PLUMBING INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90070 001 ***158.75

Principal Place of Business

Mailing Address

5319 N.W. 57TH TERRACE
CORAL SPRINGS FL 33067

5319 N.W. 57TH TERRACE
CORAL SPRINGS FL 33067

2. Principal Place of Business

AS ABOVE

3. Mailing Address

AS ABOVE

Suite, Apt. #, etc.

HOUSE

Suite, Apt. #, etc.

HOUSE

City & State

CORAL SPRINGS

City & State

CORAL SPRINGS

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33067

Country

U.S.A

Zip

33067

Country

U.S.A

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMALL, CLYDE W
5319 N.W. 57TH TERRACE
CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent

Name

N/A

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

Clyde W. Small

03.21.00

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SMALL, CLYDE W
CITY-ST-ZIP 5319 N.W. 57TH TERRACE
CORAL SPRINGS FL 33067

TITLE ☐ Delete
NAME D
STREET ADDRESS SMALL, CHRIS E
CITY-ST-ZIP 5319 N.W. 57TH TERRACE
CORAL SPRINGS FL 33067

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Clyde W. Small

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.21.00 954796-2241

Date

Daytime Phone #

CR20034 (9/00)