

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S68435**

1. Entity Name

FLORIDA PLUMBING APPRENTICESHIP ASSOCIATION, INC

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90027 029 ***150.00

035/033 AV

Principal Place of Business

**2525 OLD OKEECHOBEE RD
STE 9
WEST PALM BEACH FL 33409
US**

Mailing Address

**2525 OLD OKEECHOBEE RD
STE 9
WEST PALM BEACH FL 33409
US**

2. Principal Place of Business

1763 N. Florida Mangrove Rd

Suite, Apt. #, etc.

#4

City & State

WPB, FL

Zip

33409

Country

United States

3. Mailing Address

1763 N. Florida Mangrove Rd

Suite, Apt. #, etc.

Ste #4

City & State

WPB, FL 33409

Zip

33409

Country

United States



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0285596

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRAHAM, JANET L.
2525 OLD OKEECHOBEE RD
STE 9
WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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 **PTD** ☐ Delete
NAME **GRAHAM, JANET**
STREET ADDRESS **7956 STEEPLECHASE DRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **V** ☐ Delete
NAME **GRAHAM, CYNTHIA**
STREET ADDRESS **4102 WATER OAK CT.**
CITY-ST-ZIP **WEST PALM BEACH FL 33418**

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

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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:

Cynthia L. Graham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/01

Date

561-697-2215

Deedline Phone #

CR2E034 (9/01)