## 2003 FOR PROFIT CORPORATION

## Mar 06, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** 388410 DOCUMENT # 1. Entity Name 03-06-2003 90110 012 \*\*\*150.00 JOHN'S PLUMBING CO. OF CLEARWATER Principal Place of Business Mailing Address 1916 DREW STREET 1916 DREW STREET CLEARWATER FL 33765: CLEARWATER FL 33765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1377176 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent ARAUJO, JOHN JR Street Address (P.O. Box Number is Not Acceptable) 1916 DREW STREET **CLEARWATER FL 33765** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ARAUJO.BETTY J NAME NAME 1916 DREW STREET STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33765** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition ARAUJO, JOHN JR NAME NAME STREET ADDRESS 1916 DREW ST. STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33765 CITY-ST-ZIP TITLE TITLE - Delete ☐ Addition Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition

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 of the corporation or the receiver or trustee empower changed, or on an attachment with an address, when the corporation or the receiver or trustee empower changed, or on an attachment with an address, when the corporation or the receiver or trustee empower or

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED**