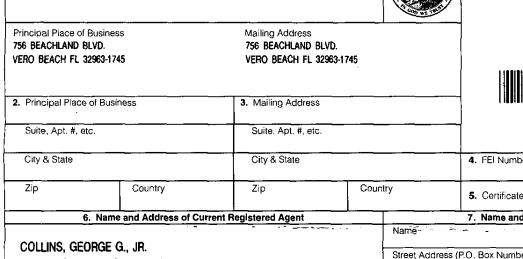
-2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

552266 DOCUMENT

1. Entity

MCCRI

Name LLIS PLUMBING, INC.		
Place of Business	Mailing Address	



FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90273 024 ***150.00

Principal Place of Business 756 BEACHLAND BLVD. 756 BEACH FL 32963-1745 VERO BEACH FL 32963-1745 2. Principal Place of Business Suite, Apt. #, etc. Mailing Address 756 BEACHLAND BLVD. VERO BEACH FL 32963-174 3. Mailing Address Suite, Apt. #, etc.		756 BEACHLAND BL	•		11013677			
		Suite, Apt. #, etc.						
City & State		City & State	City & State		4. FEI Number 59-1791443	Applied For Not Applicable		
Zip	Country	Zip	Country			\$8.75 Additional Fee Required		
	6. Name and Address of Co	irrent Registered Agent			7. Name and Address of New Registered Agen	t		
COLLINS, GEORGE G., JR. 756 BEACHLAND BOULEVARD VERO BEACH FL 32963			Street Address (P.O. Box Number is Not Acceptable)					
				City	FL	Zip Code		
the obligation	ns of registered agent.			red office or register	ered agent, or both, in the State of Florida. I am famil ed when reinstating) DATE	ar with, and accept		
FILI	E NOW!!! FEE IS \$150.0 lay 1, 2003 Fee will be \$55	0			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		

make Check Payable to Piorida Department of State									
10.	OFFICERS AND DIRECTOR	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			S IN 11			
NAME STREET ADDRESS CITY-ST-ZIP	P MCCRILLIS, BRIAN 4855 12TH STREET VERO BEACH FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	st Petersen, Linda A. 4855 12Th Street Vero Beach Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- · · ·	**************************************	□ Change -	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition		

12. I hereby certify that the information supplied with this filling 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:

EN MCGULDEQUBRIAN McCRILLIS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR