

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 24, 2003 8:00 am  
Secretary of State

02-24-2003 90208 016 \*\*\*150.00

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DOCUMENT # **F63995**

1. Entity Name  
**DYLEWSKI PLUMBING, INC.**



Principal Place of Business  
**501 RIVERVIEW AVE  
STUART FL 34994  
US**

Mailing Address  
**501 RIVERVIEW AVE  
STUART FL 34994  
US**



2. Principal Place of Business

**2285 S.W. RANCH TRAIL**

3. Mailing Address

**2285 S.W. RANCH TRAIL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

**STUART, FL**

City & State

**STUART, FL**

4. FEI Number

**59-2172116**

Applied For

Not Applicable

Zip

Country

**34997**

Zip

Country

**34997**

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

**PASSOT, ROBERT  
501 RIVERVIEW AVE  
STUART FL 34994**

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

Signature, typed or printed name of registered agent and title if applicable

(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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	PASSOT, ROBERT	501 RIVERVIEW AVE.	STUART FL 34994	<input type="checkbox"/>
VPD	PASSOT, ROBERT	501 RIVERVIEW AVE.	STUART FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**ROBERT PASSOT 2-18-03 283-8640**

Date

Daytime Phone #

CR2E034 (10/02)