

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90094 029 \*\*\*150.00

**DOCUMENT # H28072**

1. Entity Name

**QUALITY PLUMBING OF GAINESVILLE, INC.**

Principal Place of Business

Mailing Address

1901 NW 67TH PL #K  
 GAINESVILLE FL 32653  
 US

1901 NW 67TH PL #K  
 GAINESVILLE FL 32653-1646  
 US

RUUUJZLZ



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6712 NW 18th Drive  
 Suite, Apt. #, etc.

6712 NW 18th Drive  
 Suite, Apt. #, etc.

City & State  
 Gainesville, FL

City & State  
 Gainesville, FL

4. FEI Number **59-2466644**

Applied For  
 Not Applicable

Zip  
 32653

Country  
 Alachua

Zip  
 32653

Country  
 Alachua

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

**ENWALL, PETER C.K.**  
 211 NE FIRST ST  
 GAINESVILLE FL 32601

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.

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	<b>NAZWORTH, ANGELA</b>	
STREET ADDRESS	<b>14872 SW 161 ST</b>	
CITY-ST-ZIP	<b>BROOKER FL</b>	
TITLE	P	<input type="checkbox"/> Delete
NAME	<b>NAZWORTH, BRYAN</b>	
STREET ADDRESS	<b>14872 SW 161 ST</b>	
CITY-ST-ZIP	<b>BROOKER FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Angela K Nazworth  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00 352-377-1009  
 Date Daytime Phone #

CR2E034 (9/99)