

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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