

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

FILED
May 09, 2003 8:00 am
Secretary of State

0607379 AV

05-09-2003 90144 006 ***150.00

DOCUMENT # P00000066552

1. Entity Name
FLEETWOOD PLUMBING COMPANY



Principal Place of Business
**350 NW DEARMAN STREET
PORT ST. LUCIE FL 34983**

Mailing Address
**350 NW DEARMAN STREET
PORT ST. LUCIE FL 34983**

2. Principal Place of Business **1531 SE Flintlock Rd.**
Same as above

3. Mailing Address **1531 SE Flintlock Rd.**
Same as above



CHECK HERE IF MAKING CHANGES

City & State
Port St Lucie FL 34952

City & State
Port St Lucie FL

4. FEI Number **59-2388186**

Applied For
Not Applicable

Zip **34952** Country **USA**

Zip **34952** Country **USA**

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

**TOMAN, CYNTHIA Y
350 NW DEARMAN STREET
PORT ST. LUCIE FL 34983**

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 _____ (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 **P** Delete
NAME **TOMAN, JAMES**
STREET ADDRESS **350 NW DEARMAN STREET**
CITY-ST-ZIP **PORT ST. LUCIE FL 34983**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** Delete
NAME **TOMAN, CYNTHIA Y**
STREET ADDRESS **350 NW DEARMAN ST.**
CITY-ST-ZIP **PORT ST. LUCIE FL 34983**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **CYNTHIA TOMAN VP** 1-29-03 772-879 7373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)