

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91185 001 \*\*\*150.00

**DOCUMENT # P01000090277**

1. Entity Name  
**QUEEN'S PLUMBING CORPORATION**

Principal Place of Business Mailing Address  
**6018 BANIA WOOD CIR 6018 BANIA WOOD CIR**  
**LAKE WORTH FL 33454 LAKE WORTH FL 33454**

2. Principal Place of Business 3. Mailing Address  
**6018 BANIA WOOD CIR 6018 BANIA WOOD CIR**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

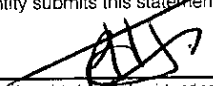
City & State City & State  
**LAKE WORTH LAKE WORTH**  
 Zip Country Zip Country  
**33462 PALM BCH 33462 PALM BCH**

4. FEI Number **65-1146748** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HERNANDEZ, FRANK**  
**6018 BANIA WOOD CIR**  
**LAKE WORTH FL 33454**

7. Name and Address of New Registered Agent  
 Name **FRANK HERNANDEZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6018 BANIA WOOD CIR**  
 City **LAKE WORTH FL** Zip Code **33462**

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  **FRANK HERNANDEZ (PRES)** DATE **4/29/02**  
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.   
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>HERNANDEZ, FRANK</b> <b>6018 BANIA WOOD CIR</b> <b>LAKE WORTH FL 33454</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LAKE WORTH, FL. 33462</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **FRANK HERNANDEZ (PRES)** DATE **4/29/02** Daytime Phone # **773-8266**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)