

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

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90160 005 \*\*\*150.00

**DOCUMENT # P02000039636**

1. Entity Name  
**PLUMBING WORKFORCE OF AMERICA, INC.**



Principal Place of Business  
**1040 BAYVIEW DR SUITE 415  
FT LAUDERDALE FL 33304**

Mailing Address  
**1040 BAYVIEW DR SUITE 415  
FT LAUDERDALE FL 33304**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number  
**33-1051366**

Applied For  
 Not Applicable

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
<b>A1A CORPORATE SERVICES INC. 218 SOUTHERN COUNTRY LANE QUINCY FL 32351</b>	Name <b>MICHAEL W HADLEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>1040 BAYVIEW DR STE 415</b> City <b>FT LAND, FL</b> Zip Code <b>33304</b>

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 Michael V. Hadley Michael V. Hadley DATE 3/20/03

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

**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	<b>DPV</b> <b>HADLEY, MICHAEL J</b> <b>1040 BAYVIEW DR SUITE 415</b> <b>FT LAUDERDALE FL 33304</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>HADLEY, MICHAEL J</b> <b>1040 BAYVIEW DR STE 415</b> <b>FT LAND, FL 33304</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>HADLEY, CYNTHIA R</b> <b>1040 BAYVIEW DR SUITE 415</b> <b>FT LAUDERDALE FL 33304</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>MICHAEL W HADLEY</b> <b>1040 BAYVIEW DR STE 415</b> <b>FT LAND, FL 33304</b>
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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 R HADLEY CYNTHIA R HADLEY DATE 3/20/03 DAYTIME PHONE # 9545631610

Signature and typed or printed name of signing officer or director

CR2E034 (10/02)