FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2004 8:00 am
Secretary of State
03-22-2004 90108 001 ***150.00
03-22-2004 90108 002 *****8.75

DOCUMENT # P03000097173

1. Entity Name
Eric's Plumbing, Inc.

DO NOT WRITE IN THIS SPACE

66407048

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
502 Mandy St	PO BOX 1660
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Auburndale, FL	City & State: Auburndale FL
Zip: 33823 Country: ~~P~~ USA	Zip: 33823 Country: ~~Polk~~ USA

4. FEI Number: 35-2215015 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name: Eric P. Lonski (OR) Heather L Lonski
Street Address (P.O. Box Number is Not Acceptable): 502 Mandy St
City: Auburndale FL Zip Code: 33823

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 [signature] [signature] DATE 3/18/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P	TITLE	
NAME	Eric P. Lonski	NAME	
STREET ADDRESS	502 Mandy St	STREET ADDRESS	
CITY-ST-ZIP	Auburndale, FL 33823	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	Heather ~~Lonski~~ L. Lonski	NAME	
STREET ADDRESS	502 Mandy St	STREET ADDRESS	
CITY-ST-ZIP	Auburndale, FL 33823	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	IN THIS SPACE
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all ~~other like~~ empowered.

SIGNATURE: [signature] [signature] 3/18/04 (863)412-0971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #