2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000042198 May 03, 2000 8:00 am Secretary of State JAMES K. MCSTRAVIC PLUMBING, INC. 05-03-2000 90024 022 ***150.00 Mailing Address Principal Place of Business 1757 N W 26TH AVENUE 1757 NW 26TH AVENUE CAPE CORAL FL 33993 CAPE CORAL FL 33993-4846 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 65-0504027 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCSTRAVIC, JAMES K Street Address (P.O. Box Number is Not Acceptable) 1757 N W 26TH AVENUE CAPE CORAL FL 33993 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE MCSTRAVIC, JAMES K NAME NAME STREET ADDRESS 1757 N W 26TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33993 DVST Change ☐ Addition Oelete TITLE TITLE MCSTRAVIC, LINDA NAME NAME STREET ADDRESS 1757 NW 26TH AVENUE STREET ADDRESS CITY-ST-ZIP _ CITY-ST-ZIP CAPE CORAL FL 33993 Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 attach flight with an address, with all other like empowered.

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