2002 UNIFORM BUSINESS REPORT (UBR)

May 19, 2002 8:00 am Secretary of State DOCUMENT # P95000014684 1. Entity Name 05-19-2002 90061 024 ***150.00 J. MASSARO PLUMBING, INC. Principal Place of Business Mailing Address 5907 JOHNS ROAD 5907 JOHNS ROAD TAMPA FL 33634 TAMPA FL 33634 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 59-3297367 Not Applicable Country \$8.75 Additional Zip Country Zip . 5. Certificate of Status Desired Fee Required 7.. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MASSARO, JAMES N Street Address (P.O. Box Number is Not Acceptable) 5907 JOHNS ROAD **TAMPA FL 33634** Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change TITLE TITLE Delete NAME NAME MASSARO, JAMES N STREET ADDRESS STREET ADDRESS 5907 JOHNS ROAD CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33634 TITLE ☐ Change ☐ Addition ☐ Delete TITLE **VD** NAME NAME RODRIGUEZ, JOHN F. STREET ADDRESS STREET ADDRESS 6402 BEAVER WAY CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33625 ^ ☐ Change - Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

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