

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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90239 047 ***150.00

DOCUMENT # **P97000055864**



1. Entity Name
ALWAYS PLUMBING COMPANY

Principal Place of Business
**1025 JUNIPER AVE
NICEVILLE FL 32578
US**

Mailing Address
**P O BX 1101
NICEVILLE FL 32588
US**

JUN 10 2003



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3461277**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FRANCIS, ROBERT L
1521 ROYAL PALM DR
NICEVILLE FL 32578**

Name **Francis, Robert L.**

Street Address (P.O. Box Number is Not Acceptable)

1025 Juniper Avenue

City **Niceville**

FL

Zip Code **32578**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 Delete
NAME **D FRANCIS, ROBERT L**
STREET ADDRESS **1521 ROYAL PALM DR**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE Change Addition
NAME
STREET ADDRESS **1025 Juniper Avenue**
CITY-ST-ZIP **Niceville, FL 32578**

TITLE Delete
NAME **S WILSON, ARTHUR C**
STREET ADDRESS **1025 JUNIPER AVE**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **VICE PRESIDENT LARRY HILL**
STREET ADDRESS **98 LEISURE LAKE ROAD**
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32433**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Arthur C Wilson* **ARTHUR C. WILSON**

2-7-03 **(850)897-2388**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)