

AMENDED

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

03 SEP 22 PM 12:12

<b>DOCUMENT #</b> P97000055864 1. Entity Name ALWAYS PLUMBING COMPANY
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 1025 JUNIPER AVENUE Suite, Apt. #, etc. NICEVILLE City & State FLORIDA	3. Mailing Address P.O. BOX 1101 Suite, Apt. #, etc. NICEVILLE City & State FLORIDA
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Zip 32578	Country U.S.A.	Zip 32588-1101	Country U.S.A.
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800023516438  
10/02/03--01072--008 \*\*\$1.25

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3461277	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name ROBERT L. FRANCIS	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT / CEO ROBERT L. FRANCIS P.O. BOX 1101 NICEVILLE, FL 32588-1101	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT LARRY HILL P.O. BOX 1101 NICEVILLE, FL 32588-1101	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY E. GUS SALVO 1523 ROYAL PALM DRIVE NICEVILLE, FL 32578	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert L. Francis* ROBERT L. FRANCIS 9-19-03 (850) 897-2388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)