2001 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P98000049527 J & S PLUMBING OF DAVIE, INC. 04-23-2001 90062 043 ***150.00 Principal Place of Business Mailing Address PO BOX 840009 PO BOX 840009 HOLLYWOOD FL 33084 HOLLYWOOD FL 33084 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0844359 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent .Name TRAGER, ROSS Street Address (P.O. Box Number is Not Acceptable) 1000 NORTH HIATUS ROAD PEMBROKE PINES FL 33026 City Zip Code the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. WHITE, SCOTT ■ Change ☐ Addition ☐ Delete TITLE TITLE WHITE, SCOTT NAME NAME DAUE FL 33325 14100 SW 21ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33314 Change ☐ Delete TITLE Addition TITLE HTIOUN 3THY WHITE, JUDITH NAME NAME 14100 SW 21ST 10871 SW 11TH MANOR STREET ADDRESS STREET ADDRESS DAVIE FL 73325 CITY-ST-7IP DAVIE FL 33314 CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE SUAREZ, VINCENT SUAREZ, VINCENT ---NAME NAME 108715W 11th Manor PANIEFL 33314 7260 SW 44TH CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAVIE FL 33314 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE 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 received 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 attachmer n address, with all other like empowered.