

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90999 019 \*\*\*150.00

DOCUMENT # PA9000017526  
1. Entity Name  
Water-Tite Plumbing Inc.



**DO NOT WRITE IN THIS SPACE**

90119133

2. Principal Place of Business  
457 Glenwood Rd  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.  
City & State Same  
City & State Deland, FL  
City & State Deland, FL  
Zip 32720 Country USA  
Zip 32720 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3561471  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name Marcia Bellavia  
Street Address (P.O. Box Number is Not Acceptable) 457 Glenwood Rd  
City Deland FL Zip Code 32720

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 Marcia Bellavia DATE 4/22/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PVST Bellavia, Keith 457 Glenwood Rd Deland, FL 32720</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Keith Bellavia DATE 4-22-03 386-943-9297  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)



90119133

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 2, 2003

WATER-TITE PLUMBING INC.  
457 GLENWOOD RD.  
DELAND, FL 32720

SUBJECT: WATER-TITE PLUMBING INC.  
Ref. Number: P99000017526

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited. Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 003A00019859

*Cindy Sutter  
804-2738*