2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046910 May 15, 2000 8:00 am Secretary of State 1. Entity Name ALL-PRO PLUMBING & DRAIN CLEANING, INC. 05-15-2000 90184 002 ***150.00 Mailing Address Principal Place of Business 301 PALMETTO ST. 301 PALMETTO ST. W. PALM BCH FL 33405-4009 W. PALM BCH FL 33405 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 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 HOUSE, WAYNE Street Address (P.O. Box Number is Not Acceptable) 301 PALMETTO ST. W. PALM BCH FL 33405 Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE:NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible. 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPS Change ☐ Addition TITLE ☐ Delete TITLE House William Wayne 301 PalmeHost. HOUSE, WAYNE NAME NAME STREET ADDRESS STREET ADDRESS 301 PALMETTO ST. W. Palm Boh. FL 33405 CITY-ST-ZIP CITY-ST-ZIP W. PALM BCH FL 33405 ☐ Addition Delete TITLE TITLE STUART, DANIEL E NAME STREET ADDRESS 301 PALMETTO ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W. PALM BCH FL 33405 Addition TITLE ☐ Delete TITLE Edward Hickson NAME NAME 301 Palmetto St. STREET ADDRESS STREET ADDRESS W. Palm Boh. FC 33405 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITI F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 changed, or on an attack ment with an address, with all other like empowered.

E OF SIGNING OFFICER OR DIRECTOR

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