

DOCUMENT # V30305
 1. Entity Name
COUNTER SINK & TUB REPAIR, INC.

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90042 046 ***150.00

Principal Place of Business Mailing Address
 P.O. BOX 350399 P.O. BOX 350399
 JACKSONVILLE FL 32235 JACKSONVILLE FL 32235
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
P.O. Box 818 P.O. Box 818
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PONTE VEDRA BEACH FL PONTE VEDRA BEACH FL
 Zip Country Zip Country
32004 USA 32004 USA

4. FEI Number **59-3116118** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SCHECTMAN, RICHARD
4224 HARBOUR ISLAND RIVE
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent
 Name **SCHECTMAN RICHARD**
 Street Address (P.O. Box Number is Not Acceptable) **313 PHEASANT RUN**
 City **PONTE VEDRA BEACH FL** Zip Code **32082**

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.
 SIGNATURE *Richard Schectman* (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	SCHECTMAN, HELENE
STREET ADDRESS	4224 HARBOUR ISLAND DRIVE
CITY-ST-ZIP	JACKSONVILLE FL 32225
TITLE	D <input type="checkbox"/> Delete
NAME	SCHECTMAN, RICHARD
STREET ADDRESS	4224 HARBOUR ISLAND DRIVE
CITY-ST-ZIP	JACKSONVILLE FL 32225
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 attachment with an address, with all other like empowered.

SIGNATURE: *Richard Schectman* 1-8-01 9043189558
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)