2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 231985** Feb 04, 2000 8:00 am **Secretary of State** MYERS PLUMBING CO., INC. 02-04-2000 90063 027 ***150.00 Principal Place of Business Mailing Address 205 N E 3RD AVE 205 N E 3RD AVE DELRAY BEACH FL 33444-3721 DELRAY BEACH FL 33444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-0901125 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required .7. Name and Address of New Registered Agent --6,-Name and Address of Current Registered Agent Name ELLIOTT, DONALD Street Address (P.O. Box Number is Not Acceptable) 2747 CARNATION COURT **DELRAY BEACH FL 33445** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition ☐ Change PD ☐ Delete TITLE ELLIOTT, PHYLLIS NAME STREET ADDRESS STREET ADDRESS 205 NE 3RD AVE CITY-ST-ZIP CITY-ST-7IP DELRAY BCH, FL 00000 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP' ' CITY-ST-ZIE

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.

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

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