FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 13, 2001 8:00 am Secretary of State **DOCUMENT # 277140** F & H PLUMBING CO., INC. 04-13-2001 90030 036 \*\*\*150.00 Principal Place of Business Mailing Address 7930 62 ST 7930 62 ST PINELLAS PARK FL 33781 PINELLAS PARK FL 34665 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1027736 Not Applicable Zip Country 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 -MADASCY, WAYNE Street Address (P.O. Box Number is Not Acceptable) 8177 BAYHAVEN DR. SEMINOLE FL 33772 Zip Code City 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 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, 2001 Fee will be \$550.00 П 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 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) VΡ X) Change TITLE X Delete TITLE MADASCY, STEVEN NAME NAME Michael Neri 11372 59 TERR N STREET ADDRESS STREET ADDRESS 8404 139 Lane SEMINOLE FL 33772 CITY-ST-ZIP CITY-ST-ZIP Seminole Fl 33776 TITLE Delete TITLE Change MADASCY, WAYNE NAME NAME STREET ADDRESS 8177 BAYHAVEN DR STREET ADDRESS SEMINOLE, FL 00000 33776 CITY-ST-7/P CITY-ST-ZIP X Change **X** Delete Addition TITLE TITLE MADASCY, AUDREY Susan Madascy NAME NAME 11110 57 TERRACE N. 8177 Bayhaven Drive STREET ADDRESS STREET ADDRESS SEMINOLE, FL 00000 33772 CITY-ST-ZIP CITY-ST-ZIP Seminole F1 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST-ZIP CITY-ST-ZIP □ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change □ Addition 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 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.

<u>President</u>