2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 328147** Mar 22, 2000 8:00 am **Secretary of State** PEPPERS PLUMBING INC 03-22-2000 90002 039 ***150.00 Mailing Address Principal Place of Business 1324 NORTH 14 STREET 1324 NORTH 14 STREET **LEESBURG FLA 34748-3409** LEESBURG FL 34748 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-1206295 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PEPPERS JR, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 1324 NORTH 14 ST. LEESBURG FL 34748 1324 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 (NOTE: Registered Agent signature required when reinstating) title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE TITI F PEPPERS, ROBERT E. NAME NAME 1324 N 14TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL ☐ Addition TITLE NAME PEPPERS.ALBERT B NAME STREET ADDRESS 1324 N 14TH ST. STREET ADDRESS LEESBURG FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete' نے آ TITLE TITLE PEPPERS. ALBERT B NAME NAME STREET ADDRESS 1324 N 14TH ST STREET ADDRESS LEESBURG FL CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE PEPPERS, ROBERT E NAME NAME 1324 N. 14TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG FL CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 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.

CITY-ST-7IP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME/OF SIGNING OFFICER OR DIRE

CITY-ST-ZIP

352-787-7353

Daytime Phone #