FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #446989 1. Entity Name

MOOD PILIMBING & HEATING



FILED Mar 30, 2004 8:00 am Secretary of State

03-30-2004 90012 029 ***150.00

в, г.	MOOD LEGHBING &	REALING, I						
DO NOT WRITE IN THIS SPACE					94039822			
2. Principal Pl	ace of Business	3. Mailing Address				. •		
2900 Marise Street		2900 Marise Street			•			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Tallahassee, Florida City & State		2900 Marise Street City & State		4. FEI Number Applied For S9-1511933 Not Applied by Applied For Not Applicable				
Zip 2 3 1 1		3 Z 3 1 0	Country		5. Certificate of Status Desired		8.75 Additional see Required	
					7. Name and Address of Currer	t Registered /	igent_	
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	DO NOT W	RITE		troot Address (F	2.O. Box Number is Not Acceptab	ulo)		
	The state of the s					16/		
	// IN THIS SF	'ACE						
			(City		FL	Zip Code	
8. The above	named entity submits this statement for	or the purpose of chang	ing its registered o	office or registere	ed agent, or both, in the State of F	lorida. I am fan	niliar with, and accept	
	ions of registered agent.		3	•	3			
SIGNATURE .	Signature, typed or printed name of registered agent	and title if anningable	(NOTE: Registered Ag	hariture required	when reinstating)	DATE		
January 1: May 1 Fee Is \$150.00 After May 1, Fee Is \$550.00 Amended UBR is \$61.25					9. Election Campaign F Trust Fund Contributi	inancing	\$5.00 May Be Added to Fees	
Mare Creck 10.	Payable to Florida Department o OFFICERS AND	SACTO CONTRACTOR IN	I 97 - 27	Chamber M. Chamber	the spiritual and spiritual an	त्राच्या संस्था देशहर व		
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NAME .	PD		NAME					
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STREET ADDRESS			STREET A	Doress		e grand Maria		

12. 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with at other like empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NING OFFICER OR DIRECTOR 3/27/04

(850) 576 - 3434

Daytime Phone #