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

## **DOCUMENT # 459998**

1. Entity Name

GOLDEN X PLUMBING SUPPLIES, INC.								
Principal Place of Business	Mailing Address							
8 N FLA AVENUE INVERNESS FL 34453 US	8 N FLA AVENUE INVERNESS FL 34453 US							
		4						
2. Principal Place of Business	3. Mailing Address	<del></del>						
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<del></del>						

## FILED Mar 12, 2001 8:00 am Secretary of State 03-12-2001 90494 007 \*\*\*150.00



Suite, Apt. #, etc. Suite			Suite, Apt. #, etc.			}	DO NOT WRITE IN THIS SPACE								
City & State			City & State		4. FEI Number 59-1554		54576		T	<del></del>		<u>_</u>			
	Country		Zip	Country										ional	1
6. Name	and Address of Curr	ent Regi	stered Agent				7. Name	and Add	ress of	New Re	gistered	Agent			]
					Name										
DAVIS, HERBERT 911 NW 209 AVE 108 PEMBROKE PINES FL 33029				Street Ad	ddress (P.0	D. Box Nu	mber is f	Not Acc	eptable)					-  -	
					City	<u></u>		<del></del>			F	L Zip	Code		1
named entity	v submits this statemer	nt for the	ourpose of changing its	reaister	ed office or	reaistered	l agent, or	both, in	the Stat	e of Flor	ida.				7
	,		· , · · · · · · · · · · · · · · · ·			J	9,								
Signature, typed	or printed name of registered a	gent and title	if applicable (NOT	E: Registere	d Agent signatu	re required wh	en reinstating	}			DATE			<del></del>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  FILE NOW!!! FEE After MAY 1, 2001 Fee					will be \$5	50.00				-	-				
	OFFICERS A	ND DIRE	CTORS	12.			ADDITIO	NS/CHA	NGES 1	O OFFIC	CERS AN	ID DIREC	TORS	IN 11	┪
Ρ	<u></u>														<b>1</b> 3
706 B HE	ATHROW DR		LJ Delete	NAM STRE	et address						_			7,000,000	
240 N IN	DIANAPOLIS AVE		☐ Delete	NAM STRE	e et address							□ Cha	nge	Addition	
6100 SW	136 AVE		☐ Delete	NAM STRE	E Et address	`						☐ Cha	nge	Addition	
			☐ Delete	NAM STRE	E Et address	<u>-</u> -						☐ Cha	nge	☐ Addition	}
			☐ Delete	NAMI STRE	ET ADDRESS							□ Cha	nge	Addition	7
			☐ Delete	NAM! STRE	ET ADDRESS							☐ Cha	nge	☐ Addition	
	6. Name S, HERBEF NW 209 AV BROKE PIN named entit signature, typed oration is elig requirement a ria on back)  P MANNION 706 B HE LECANTO ST DAVIS, JC 240 N INI HERNANI VP DAVIS, SI 6100 SW	Country  6. Name and Address of Curr  18, HERBERT  NW 209 AVE 108  BROKE PINES FL 33029  e named entity submits this stateme  Signature, typed or printed name of registered a  praction is eligible to satisfy its Intangrequirement and elects to do so- ria on back)  OFFICERS A  P  MANNION, MARK  706 B HEATHROW DR  LECANTO FL 34461  ST  DAVIS, JOHN W.  240 N INDIANAPOLIS AVE  HERNANDO FL 34442	Country  6. Name and Address of Current Regi IS, HERBERT NW 209 AVE 108 BROKE PINES FL 33029  Paramed entity submits this statement for the Signature, typed or printed name of registered agent and title paration is eligible to satisfy its Intangible requirement and elects to do so. TI OFFICERS AND DIRE  P MANNION, MARK 706 B HEATHROW DR LECANTO FL 34461 ST DAVIS, JOHN W. 240 N INDIANAPOLIS AVE HERNANDO FL 34442 VP DAVIS, SHERRY L 6100 SW 136 AVE	City & State  Country  Zip  6. Name and Address of Current Registered Agent  IS, HERBERT NW 209 AVE 108 BROKE PINES FL 33029  In named entity submits this statement for the purpose of changing its  Signature, typed or printed name of registered agent and title if applicable. (NOT pration is eligible to satisfy its Intangible requirement and elects to do so. (In the purpose of Changing its printed name of registered agent and title if applicable. (NOT pration is eligible to satisfy its Intangible requirement and elects to do so. (In the purpose of Changing its printed name of registered agent and title if applicable. (NOT pration is eligible to satisfy its Intangible requirement and elects to do so. (In the purpose of Changing its printed name of registered agent and title if applicable. (NOT present in a purpose of Changing its printed name of registered agent and title if applicable. (NOT present in a purpose of Changing its printed name of registered agent and title if applicable. (NOT present in a purpose of Changing its printed name of registered agent and title if applicable. (NOT present in a purpose of Changing its printed name of registered agent and title if applicable. (NOT present in a purpose of Changing its printed name of registered agent and title if applicable. (NOT present in a purpose of Changing its pre	Country  Cou	Country  Cou	Country  Country  Zip  Country  Tip  Country  Co	Country    Country   Zip   Country   S. Certific	Country    Country   Zip   Country   S. Certificate of St. G. Name and Address of Current Registered Agent   Name   Name   Name   Name   Street Address (P.O. Box Number is 1   Name   Street Address (P.O. Bo	Country    Zip	Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  6. Name and Address of Current Registered Agent  7. Name and Address of New Re Name  Street Address (P.O. Box Number is Not Acceptable)  City  Cit	Country    Country   Zip   Country   S. Certificate of Status Desired	Country Zip Country 5. Centificate of Status Desired Agent Control Status Office or reg stered agent, or both, in the State of Florida.    Street Address (P.O. Box Number is Not Acceptable)   FL	Country Zip Country 5. Certificate of Status Deaired See Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 15. HERBERT NW 209 AVE 108 BROKE PINES FL 33029  City FL Zip Code  File Now, 1, 2001 Fee will be \$350.00  Make Check Payable to Department of Status delects to do so. In an on back) Acceptable of Change See Reading Trust Fund Contribution.  POFFICERS AND DIRECTORS  P MANNION, MARK 7.08 B HEATHROW DR  LECANTO FL 34461  STEE ADDRESS CITY ST 2IP  DAVIS, JOHN W. 240 N INDIANAPOLIS AVE HERNANDO FL 34442  VP DAVIS, SHERRY L 6100 SW 136 AVE DAVIS SHERRY L 6100 SW	Country 7

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.