FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Jan 27, 2003 8:00 am Secretary of State 512228 DOCUMENT # 1. Entity Name 01-27-2003 90202 038 ***150.00 WARNER PLUMBING SUPPLY CO. OF FLORIDA. INC. Principal Place of Business Mailing Address 5205 NEBRESKA AVE. 5205 NEBRESKA AVE. TAMPA FL 33603-2342 TAMPA FL 33603-2342 2. Principal Place of Business 3. Mailing Address 205 NEBRASICA 5205 NEBRASKA AVE Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1693157 AMPA Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired HILLS BOROUGH 4145 BOROVGH Fee Required 6. Name and Address of Current Registered Agent ---7. Name and Address of New Registered Agent WARNER, RICHARD 5205 NEBRASKA AVE **TAMPA FL 33603** TERRACE 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. I am familiar with, and accept SIGNATURE BARBALT _WARNER DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. تعتاآال TITLE Delete ☐ Change ☐ Addition NIA WARNER, RICHARD E. NAME NAME 6410 E 112TH AVE STREET ADDRESS STREET ADDRESS TEMPLE TERRACE FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NARNER, BARBARAJ. NAME WARNER, BARBARA J NAME STREET ADDRESS 6410 E 112TH AVE STREET ADDRESS CITY-ST-ZIP TEMPLE TERRACE FL CITY-ST-ZIP TEMPLETERRICE FL TITLE Delete TITLE ☐ Change ☐ Addition ARNER WARNER, RICHARD P NAME NAME. STREET ADDRESS 5205 NEBRESKA AVE. STREET ADDRESS CITY-ST-ZIP TAMPA FL 33603-2342 CITY - ST - ZIP AMOOFLAKES TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition

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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with address, with all other like empowered

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

Daytime Phone #