2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State
01-16-2003 90165 020 ***150.00

DOCUMENT # 532015

1. Entity Name
ABLE PLUMBING REPAIR SERVICE, INC.

Principal Place of Business	Mailing Address
8127 103RD STREET JACKSONVILLE FL 32210	8127 103RD STREET JACKSONVILLE FL 32210

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
170 COLLEGE DRIVE	170 COLLEGE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORANGE PARK, FLORIDA	City & State: ORANGE PARK, FLORIDA
Zip 32065 Country	Zip 32065 Country

4. FEI Number 59-1729824 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRINGLE, VICKI
8127 103RD STREET
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name VICKI PRINGLE
Street Address (P.O. Box Number is Not Acceptable) 170 COLLEGE DRIVE
City ORANGE PARK FL Zip Code 32065

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 the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PRINGLE, VICKI		NAME	
STREET ADDRESS	8127 103RD STREET		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-ST-ZIP	
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RAMSEY, NICK		NAME	
STREET ADDRESS	8127 103RD STREET		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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	

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 an address, with all other like empowered.

SIGNATURE: Vicki L. Pringle (VICKI L. PRINGLE) 1/13/03 (904) 771 7104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)