2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 13, 2001 8:00 am Secretary of State DOCUMENT # 549398 ** 1. Entity Name GULF SHORES PLUMBING, INC. 03-13-2001 90066 025 ***150.00 Principal Place of Business Mailing Address 10485 CIRIMOYA LANE 10485 CIRIMOYA LANE SEMINOLE FL 34642-7527 SEMINOLE FL 34642-7527 930476 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-1803389 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 33772 Fee Required *33772* 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BIANCO, SALVATORE C. Street Address (P.O. Box Number is Not Acceptable) 10485 CIRIMOYA LN. SEMINOLE FL 34642 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (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 Change ☐ Delete TITLE TITLE PD NAME NAME BIANCO, SALVATORE C STREET ADDRESS STREET ADDRESS 10485 CIRIMOYA LN. CITY-ST-ZIP CITY-ST-ZIP SEMINOLE, FL 00000 Change ☐ Addition TITLE □ Delete TITLE NAME NAME BIANCO, KATHLEEN STREET ADDRESS STREET ADDRESS 10485 CIRIMOYA LN CITY-ST-ZIP CITY-ST-ZIP SEMINOLE, FL 00000 ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME

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

STREET ADDRESS

SIGNATURE: Activatore

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR