2002 UNIFORM BUSINESS REPORT (UBR)

Mar 18, 2002 8:00 am DOCUMENT # 552377 **Secretary of State** 1. Entity Name 03-18-2002 90041 008 ***150.00 IRELAND PLUMBING, INC. Mailing Address Principal Place of Business 21 LIME STREET 21 LIME STREET ENGLEWOOD FL 34223 **ENGLEWOOD FL 34223** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1781335 Not Applicable Country \$8.75 Additional Zip Country-5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MEISER, TERRY L. Street Address (P.O. Box Number is Not Acceptable) 21 LIME STREET IRELAND, LARRY E. 21 LIME STREET **ENGLEWOOD FL 34223** ENGLEWOOD 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. t signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **K** Change ☐ Addition PD TITLE D TITLE ☐ Delete NAME IRELAND, LARRY E. IRELAND, LARRY E. NAME STREET ADDRESS STREET ADDRESS 21 LIME STREET 21 LIME STREET CITY-ST-7IP CITY-ST-ZIP **ENGLEWOOD FL** ENGLEWOOD, FL [3] Change X Addition X Delete TITLE TITLE PD MEISER, TERRY L. 21 LIME STREET NAME NAME IRELAND, BETTY J STREET ADDRESS STREET ADDRESS 21 LIME STREET CITY-ST-ZIP ~ ENGLEWOOD, FL CITY-ST-ZIP ENGLEWOOD FL 🐔 Change Addition Delete TITLE TITLE MEISER, TRISHA A. NAME NAME 21 LIME STREET STREET ADDRESS STREET ADDRESS ENGLEWOOD, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

(9/01) CR2E034

FILED