

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

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90011 014 ***150.00

DOCUMENT # 556021

1. Entity Name PREMIER PLUMBING, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
STUART, FL.
Suite, Apt. #, etc.
108 NE DIXIE HWY.
City & State
STUART, FL.
Zip
34994 Country
USA

3. Mailing Address
108 NE DIXIE HWY.
Suite, Apt. #, etc.
STUART, FL.
City & State
34994
Zip
USA

44018787

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1786969 Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JAMES N. SCARPITTI

Street Address (P.O. Box Number is Not Acceptable)

2071 NW 21ST EN. J-105

City STUART FL Zip Code 34994

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT VP-T-S-D-C-M</u> <u>JAMES N. SCARPITTI</u> <u>2071 NW 21ST EN.</u> <u>STUART, FL. 34994</u>
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES N. SCARPITTI JAMES N. SCARPITTI 3-1-4 772-692-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)