2000 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2000 8:00 am Secretary of State DOCUMENT # 577290 FAMBRI PLUMBING COMPANY, INC. 04-22-2000 90004 044 ***158.75 Mailing Address Principal Place of Business 9075 130TH AVENUE NORTH 9075 130TH AVENUE NORTH UNIT F UNIT F LARGO FL 33773-1405 LARGO FL 33773 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4.º FE! Number Applied For City & State 59-1842993 Not Applicable \$8.75 Additional Zip Country 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 FAMBRI, JESSICA Street Address (P.O. Box Number is Not Acceptable) 9075 130TH AVE NO. **UNIT F LARGO FL 33773** Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. Change ☐ Addition ☐ Delete TITLE TITLE FAMBRI, ENNIO NAME NAME 9075 130TH AVE N. #F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL Change ☐ Addition ☐ Delete TITLE TITLE FAMBRI, JESSICA NAME NAME STREET ADDRESS 9075 130TH AVE N. #F STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Defete TITLE TITLE 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 ☐ Channe ☐ Addition ☐ Delete TITLE TITLE NAME

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 attachmen with an address, with all other like empowered

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS.

CITY-ST-ZIP : 1