· 2000 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2000 8:00 am Secretary of State **DOCUMENT # 618335** 1. Entity Name GARY RODGERS PLUMBING COMPANY, INC. 04-03-2000 90184 001 ***150.00 Mailing Address Principal Place of Business 1910-1 BASSETT RD 1910-1 BASSETT RD JACKSONVILLE FL 32208 JACKSONVILLE FL-82208 032200 3-Mailing Address P.O. Box 350450 2. Principal Place of Business Suite, Apt. #, etc Suite, Apt #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1890385 $0 \times$ Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODGERS, GARY D. . . Street Address (P.O. Box Number is Not Acceptable) 4325 HARBOUR ISLAND DR. JACKSONVILLE FL 32225 City Zip Code 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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 11. OFFICERS AND DIRECTORS 12. TITLE Addition ☐ Delete TITLE NAME RODGERS, GARY D STREET ADDRESS 4325 HARBOUR ISLAND DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF JACKSONVILLE FL ST ☐ Delete ☐ Change ☐ Addition TITLE THILE NAME RODGERS, JANET C NAME STREET ADDRESS 4325 HARBOUR ISLAND DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ice President ☐ Change Addition TITLE ☐ Delete TITLE row J. Kodners NAME NAME STREET ADDRESS STREET ADDRESS 10837 Raceful Jax F1.33218 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME noistophe ? STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.

SIGNATURE: