2001 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2001 8:00 am Secretary of State **DOCUMENT # 629173** HIGHLANDS PLUMBING COMPANY, INC. 04-11-2001 90088 046 ***150.00 Principal Place of Business Mailing Address 341 LEMON 341 LEMON P.O.BOX 1764 P.O.BOX 1764 MUUTTUUJA SEBRINGFL 33871-1764 SEBRING FL 33871-764 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1922523 Not Applicable Zip Country Ζjp Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EURES, TERRY O Street Address (P.O. Box Number is Not Acceptable) 341 LEMON ST. SEBRING FL 33870 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 talle if applicable (NOTE: Registered Agent's gnature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is cliqible 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITI F Addition Change EURES, TERRY O NAME 341 LEMON ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING FL CITY ST-ZIP ☐ Delete TITLE ☐ Change Addition EURES, FERN NAME 341 LEMON ST STREET ADDRESS STREET ADDRESS SEBRING, FL 00000 CITY - S1 - ZIP CIFY-ST-ZIP ☐ De.ete TITLE ☐ Change X Addition MAtthew P. EURES NAME 341 Lemon St. STREET ADDRESS STREET ADDRESS Sebring, FL 33870 CITY-ST-ZIP CiTY-ST-ZIP 21015 ☐ Delete Addition THE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP ☐ Delete TIT' E ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z:P CITY-ST-ZIP TiTi.E ☐ Delete 1171 6 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS OLTY - 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 eath; 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.

MATURE: SOLYO SWW - TERRY O. EURES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01

863-385-8548

Daytinte Phone #