2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

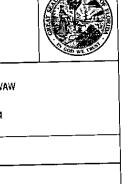
Mailing Address

DOCUMENT #

653025

1. Entity Name RENS PLUMBING, INC.

Principal Place of Business



FILED Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90059 050 ***150.00

399 CENTRAL FL PAKRWAW UNIT A ORLANDO FL 32824-7604 US 2. Principal Place of Business		UNIT A ORLANG US_	ORLANDO FL 32824-7604							
Z. Hillopan					_			ANICEC		
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City &	City & State			59-1977315		Applied For Not Applicable		
Zip Country		Zip		Country	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
		D-ulatared	Agont		7Na	me and Address of New Regis	tered Age	1		
	6. Name and Address of Cur	ent Registered	дант-	Name						
BERKSON			Street Add			ress (P.O. Box Number is Not Acceptable)				
	ONDS AVE									
WINTER P	ARK FL 32789							Zip Code		
8. The above named entity submits this statement for				City			FL			
the obligate	Signature, typed or printed name of registered	agent and title if appli		egistered Agent signature red		stating) 9. Election Campaign Financ	DATE	\$5.00		
Δfte	r May 1, 2003 Fee will be \$55 k Payable to Florida Departme	0.00				Trust Fund Contribution.			to Fees	
10.		AND DIRECTO	RS	11.	AD	DITIONS/CHANGES TO OFFICE	RS AND U	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT RAZZANO, ROBERT M. 15130 ARABIAN WAY MT VERDE FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			L	_ Change	AUGRIOII	
TITLE NAME STREET ADDRESS		The second of th	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	3		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP]	Change	☐ Addition	

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida Statutes. If 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Delete

☐ Delete

/z/6/2003

☐ Change

☐ Change

Addition

Addition