FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

IGNATURE:

## Feb 20, 2002 8:00 am Secretary of State 847210 DOCUMENT # **Entity Name** 02-20-2002 90080 044 \*\*\*150 00 WIS PLUMBING, INC. rincipal Place of Business Mailing Address i31 S.W. 44TH STREET 831 S.W. 44TH STREET D O O O O O O O APE CORAL FL 33914 CAPE CORAL FL 33914 Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2374976 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent awis, anne m Street Address (P.O. Box Number is Not Acceptable) 831 SW 44TH ST CAPE CORAL FL 33914 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (Seè criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition TLE ☐ Delete TITLE Change AWIS, BRIAN E ME NAME 5018 SW 11TH CT. REET ADDRESS STREET ADDRESS CAPE CORAL, FL 00000 TY-ST-ZIP CITY-ST-ZIP ST ☐ Delete TITLE ☐ Addition AWIS, ANNE MARIE AME. NAME REET ADDRESS 5018 SW 11TH CT. STREET ADDRESS CAPE CORAL, FL 00000 TY-ST-ZIP CITY-ST-ZIP - Change Addition ÎLE. · Detete - - -TITLE-ME NAME REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP 'nε ☐ Delete TITLE Change ☐ Addition MF NAME REET ADDRESS STREET ADDRESS CITY-ST-ZIP TY-ST-ZIP TLE ☐ Delete TITLE Change ■ Addition MF NAME REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP TLE ☐ Delete ☐ Change ☐ Addition TITLE ME NAME . REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP 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