## 2003 FOR PROFIT CORPORATION

## FILED Mar 20, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR DOCUMENT #** F38469 1. Entity Name 03-20-2003 90140 011 \*\*\*150 00 GOBIE PLUMBING, INC. Principal Place of Business Mailing Address 7520 SW 137 ST 7520 SW 137 ST Z90Z7576 MIAMI FL 33158 MIAMI FL 33158 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2117723 Zip Country Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent GOBIE, PHILIP Street Address (P.O. Box Number is Not Acceptable) 7520 SW 137 ST **MIAMI FL 33158** 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD Delete TITLE GOBIE, PHILLIP NAME ☐ Addition NAME STREET ADDRESS 7520 SW 137TH ST STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ٧S Delete TITLE NAME GOBIE, LAURA Change ☐ Addition NAME STREET ADDRESS 7520 SW-137TH-ST ... STREET ADDRESS CITY-ST-ZIP Miami Fl CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

CITY-ST-7IP 12. 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 changed or on an attachment with an address with at the information because the same legal effect as if made under oath; that I am an officer or director changed or on an attachment with an address with at the appropriated.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

☐ Delete

aura P. Gobic 3/18/2003 305-235-352

☐ Change

☐ Addition