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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F60167

1. Entity Name
TOM SHELL PLUMBING, INC.

FILED
03 NOV 14 AM 10: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5914 TROUBLE CREEK ROAD
NEW PORT RICHEY FL 34652

Mailing Address
5914 TROUBLE CREEK ROAD
NEW PORT RICHEY FL 34652

2. Principal Place of Business: 11504 PERPETUAL Dr.
Suite, Apt. #, etc.

3. Mailing Address: P.O. Box 353
Suite, Apt. #, etc.

☑ CHECK HERE IF MAKING CHANGES

City & State: ODESSA, FL
Zip: 33556 Country: U.S.

City & State: ELFERS, FL
Zip: 34680 Country: U.S.

4. FEI Number 59-2139131 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DAVIS, RICHARD
2739 US 19 STE 200
HOLIDAY FL 34690

7. Name and Address of New Registered Agent
Name: Thomas L. Shell
Street Address (P.O. Box Number is Not Acceptable): 11504 PERPETUAL Dr.
City: ODESSA FL Zip: 33556

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 the obligations of registered agent.

SIGNATURE: THOMAS L. SHELL — 10-9-03
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SHELL, THOMAS L.	NAME	
STREET ADDRESS	5653 GREENWOOD WAY	STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	500023864025 10/16/03--01087--020 **150.00
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	500023864025 11/17/03--01011--020 **400.00
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	REINSTATEMENT 03
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	TS
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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.

SIGNATURE: SIGNATURE REQUIRED THOMAS L. SHELL — 10-9-03 — 727-376-6454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)

05790428 AV

pap 2 of 2

Richard A. Davis

CERTIFIED PUBLIC ACCOUNTANT, P.A.

October 13, 2003

Division of Corporations
P O Box 6327
Tallahassee, FL 32314

RE: Tom Shell Plumbing, Inc.
Document # F60167

Please be advised that this is the first notice my client has received. Business was moved to a new location, mailing address should have been P O Box 353, Elfers, Fl 34680. Evidently address was recorded incorrectly at your office. I, therefore, request that the penalty be waived in regard to this matter and have enclosed a check in the amount of $150.00.

Thank you for your consideration in this matter.

Sincerely,

Richard A. Davis, CPA

2739 US Hwy 19 • Suite 200 • Holiday, Florida 34691 • (727) 937-1671