Page 1 of 2

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F60167

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

067948 AV

1. Entity Name
TOM SHELL PLUMBING, INC.

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

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
11504 PERPETUAL Dr. Suite, Apt. #, etc.	P.O. Box 353 Suite, Apt. #, etc.
City & State: ODESSA, FL	City & State: ELFERS, FL
Zip: 33556 Country: U.S.	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	7. Name and Address of New Registered Agent
DAVIS, RICHARD 2739 US 19 STE 200 HOLIDAY FL 34690	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SHELL, THOMAS L. 5653 GREENWOOD WAY HOLIDAY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500023864025 10/16/03--01087--020 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500023864025 11/14/03--01011--020 **400.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 03 TS	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 #

Page 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