2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **F85587** May 08, 2000 8:00 am Secretary of State SOUTHSIDE PLUMBING INC. 05-08-2000 90196 038 ***150.00 Principal Place of Business Mailing Address 1332 CITRUS ISLE 1332 CITRUS ISLE FT LAUDERDALE FL 33315-1324 FT LAUDERDALE FL 33315 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2193317 Not Applicable Country \$8.75 Additional Zip Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -- 6. Name and Address of Current Registered Agent Name KARNATZ, WALTER W. Street Address (P.O. Box Number is Not Acceptable) 1332 CITRUS ISLE FT LAUDERDALE FL 33315 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. SIGNATURE bent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00-May-Be. After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PST** ☐ Addition Change ☐ Delete TITLE TITLE KARNATZ, WALTER W. NAME 1332 CITRUS ISLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP Change ☐ Addition Delete · TITLE TITLE KARNATZ, WALTER W. NAME NAME 1332 CITRUS ISLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE KARNATZ, WALTER W. NAME NAME 1332 CITRUS ISLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE KARNATZ, JOSEPH NAME NAME 4125 21 ST. S.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32968 ☐ Addition ☐ Change ☐ Delete TITLE TITLE CRUZ, FRANCISCO NAME NAME 2671 ROCHELLE LANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP **DELAND FL 32724** CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walker

4-12-00

954467217

Daytime Phone #