FILED
Jul 15, 2002 8:00 am
Secretary of State
07-15-2002 90184 017 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004964

B0128163

[redacted]

1. Entity Name
JOINT VENTURE PIPING INC. AND SUBSIDIARIES

NP NAME CHG. 7

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2221 Sens Rd	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: La Porte	City & State
Zip: 77571 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 76-0564315 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: THERYL WILSON

Street Address (P.O. Box Number is Not Acceptable): 1044 MUSCOGEE ROAD

City: CANTONMENT FL Zip Code: 32533

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: -NA-
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Joe Vardell
STREET ADDRESS	P.O. Box 84
CITY - ST - ZIP	Anahuac, TX 77514
TITLE	Vice President
NAME	John Durham
STREET ADDRESS	1512 Glen Oak
CITY - ST - ZIP	Corpus Christi, TX 78418
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	**DO NOT WRITE**
NAME	**IN THIS SPACE**
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Joe Vardell Joe Vardell 6/6/02 (281)842-9353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32361F.1