2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

G49570



Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90161 044 ***150.00

FILED

1. Entity Name MASTER PLUMBING INC OF PALM BEACH COUNTY				
Principal Place of Business	Mailing Address			

326 HIBISCUS STREET 326 HIBISCUS STREET JUPITER FL 33458 JUPITER FL 33458											
Principal Place of Business 3. Mailing Address							T 1003/11/ BEI/ BIBBI IBIBI BIKH BIKH BIBIK BIBI				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City	City & State			4. F	4. FEI Number 59-2314393			pplied For ot Applicable	
Zip	p Country Zip		Country	,	5 . C	Certificate of Status Desired		8.75 Ac			
6. Name and Address of Current Registered Agent			ed Agent	L		7. N	lame and Address of New Re	ress of New Registered Agent			
	O. Halle Blid Address of Current				Name . —-				<u></u>		
BRAME, RI	CHARD			_	Street Address (P.O. Box Number is Not Acceptable)						
	PLUMBING, INC. OF P.B.C.				Sileet Addre	SS (F.O. D	OX Multiper is Not Neceptable)				
	CUS STREET					-					
JUPITER F				-	City			FL	Zip Co	de	
8. The above the obligat	named entity submits this statement ons of registered agent.	for the purp	pose of changing its	registered	office or regi	istered ago	ent, or both, in the State of Flor	ida. 1 am fa	amiliar with	, and accept	
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if ap	plicable. (NOTI	E: Registered /	Agent signature rec	quired when re	sinstating)	DATE			
F Afte	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department)		•		<u>, </u>	Election Campaign Final Trust Fund Contribution	. □	Adde	00 May Be ed to Fees	
10.	OFFICERS AN		ORS	11.		AD	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	RS IN 11	
TITLE	P		☐ Delete	TITLE			•		☐ Change	☐ Addition	
NAME	BRAME, RICHARD			NAME							
STREET ADDRESS	78 HICKORY HILL RD				ADDRESS					1	
CITY-ST-ZIP	TEQUESTA FL 33469			CITY-S	51-ZIP				Change	Addition	
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NAME	BRAME, WAYNE			NAME STREET	T ADDRESS						
STREET ADDRESS	1018 10TH LANE PALM BEACH FL			CITY-S						}	
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NAME				NAME	ı						
STREET ADDRESS			-		T ADDRESS 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 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: