FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am G66115 DOCUMENT # **Secretary of State** 1. Entity Name 02-21-2002 90151 014 ***150.00 OREN B. GREEN PLUMBING. INC. Principal Place of Business Mailing Address 9121 OVERSEAS HIGHWAY 9121 OVERSEAS HIGHWAY MARATHON FL 33050 MARATHON FL 33050 3. Mailing Address 7551 OCEAN TERRACE 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State MARATHON, FL City & State 4. FEI Number Applied For 59-2358440 Not Applicable MONROE \$8:75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CUNNINGHAM, RALPH E. JR., ESQ. Street Address (P.O. Box Number is Not Acceptable) 2975 OVERSEAS HIGHWAY MARATHON FL 33050 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change ☐ Addition CR2E034 (9/01 ☐ Delete NAME GREEN, OREN B., JR. NAME 7551 OCEAN TERRACE 9121 OVERSEAS HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARATHON FL 33050-3136 MARATHON, FL 00000 CITY-ST-ZIP ☐ Delete TITLE TITLE STD NAME GREEN, JAYNE NAME STREET ADDRESS STREET ADDRESS 9121 OVERSEAS HGW CITY-ST-ZIP-MARATHON, FL 00000 CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME 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 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: