

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

7/1

N28673

FILED

1/2

DOCUMENT # N28673	
1. Entity Name LEE COUNTY PLUMBING AND SUPPLY, INC	

2005 AUG 11 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66025562

7/14/05 90082021 150.00
DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

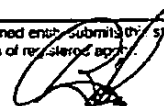
2. Principal Place of Business 532 SE 4TH TERR		3. Mailing Address	
Suite, Apt. #, etc. #7		Suite, Apt. #, etc.	
City & State CAPE CORAL		City & State FLORIDA	
Zip 33904	Country USA	Zip	Country

4. FEI Number	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 DANIA LOPEZ	
Street Address (P.O. Box Number is Not Acceptable) 3329 SE 1ST AVE	
CAPE CORAL	FL Zip Code 33904

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  **7-11-05**
Signature typed or by facsimile of registered agent and also if applicable (if not Registered Agent's signature returned when reissuing)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$850.00 Amended UBR is \$61.25 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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT DANIA LOPEZ 3329 SE 1ST AVE. CAPE CORAL, FL. 33904	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 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	

**DO NOT WRITE
IN THIS SPACE**

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 supplement 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 a trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all the above powers.

SIGNATURE:  **7/11/05 (239) 542-4618**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0348 (12/02)

8/11/05