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N28673

FILED

2005 AUG 11 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66025562

7/14/05 90082021 150.00

DO NOT WRITE IN THIS SPACE

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/1

DOCUMENT # N28673

1. Entity Name
LEE COUNTY Plumbing AND Supple, INC

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2. Principal Place of Business	3. Mailing Address
532 SE 47th TERR	
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

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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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
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	PRESIDEN	TITLE	
NAME	DANIA LOPEZ	NAME	
STREET ADDRESS	3329 SE 1ST AVE.	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL. 33904	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

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

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

8/11 ab