2003 FOR PROFIT CORPORATION

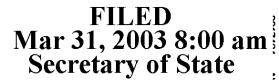
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H53490

1. Entity Name

DIAL A PLUMBER, INC.

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	



03-31-2003 90140 016 ***150.00

Principal Place of Business 73 FLEMMINGWOOD LANE PALM COAST FL 32137-5340			73 FL	Mailing Address 73 FLEMMINGWOOD LANE PALM COAST FL 32137-5340									
2. Principal Place of Business 3. Mailin			ling Address				1 E0 E E	al Biian (1111 6 14) 1	FB[1] BBH BJBH	DIDAR BEGEN DARAK	TECH BIBII IBRI		
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City	City & State				4. FEI Number 59-2518964				Applied For]
Zip Country			Zip	Zip Countr			5.	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent							7.	Name and A	ddress of New	Registered			1
		and the second		ere galen de	<u>.</u>	Name	enter a trade d	e rain www.					
PITTI, CHI		A N. IT			_				s Not Acceptat	ole)			1
	NGWOOD L AST FL 320												+
PALIVI CO	MOT FL SZU	31				City					17:-0-	<u></u>	4
<u> </u>	···.					City				F	I		
The above the obligat	named entity tions of regist	submits this statement fered agent.	or the purp	ose of changing its	registere	ed office or	registered a	agent, or both,	in the State of I	Florida. I an	n familiar with	, and accept	
SÎGNATURE .	Signature, typed	or printed name of registered agen	t and title if appl	licable. (NOTE	: Registered	d Agent signate	ure required when	reinstating)		DATE			
After	May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o		فصيره مخي سبدي مورا و د			and the second	9. Elect	ion Campaign I Fund Contribut	Financing	\$5.	00 May Be	
10.		OFFICERS AND	DIRECTO	RS	11.		Д	DDITIONS/C	HANGES TO OF	FFICERS AN	ID DIRECTO	RS IN 11	1.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PITTI, SAL' 73 FLEMIN PALM COA	GWOOD LANE		Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	st Pitti, chr	ISTINE R. GWOOD LANE		☐ Delete				70.1			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GLENN, LA 73 FLEMIN		-	Delete		J	ا موسد	٠.	-		Change	☐ Addition	-
IITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete							☐ Change	☐ Addition	•
ITLE IAME Street address City-St-Zip				☐ Delete							☐ Change	Addition	
ITLE IAME TREET ADDRESS CITY-ST-ZIP			· - 277-880	☐ Delete							☐ Change	☐ Addition	

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 features by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attack mercinal address, with all after the empowered.