2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # H74822** ED'S QUALITY PLUMBING, INC. Mailing Address Principal Place of Business 3201 FLAGLER 3201 FLAGLER AVE... #501 AVF. #501 KEY WEST FL 33040-4690 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Country

KOENIG, TIMOTHY J.

417 EATON STREET KEY WEST FL 33040

9. This corporation is eligible to satisfy its Intangible

WATTERSON, EDGAR

KEY WEST FL 33040

WATTERSON, EDITH

KEY WEST FL 33040

an Barry

3201 FLAGLER AVE #501

3201 FLAGLER AVE #501

Tax filing requirement and elects to do so.

(See criteria on back)

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

Zip

SIGNATURE

11.

TITLE

NAME

NAME

TITLE NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

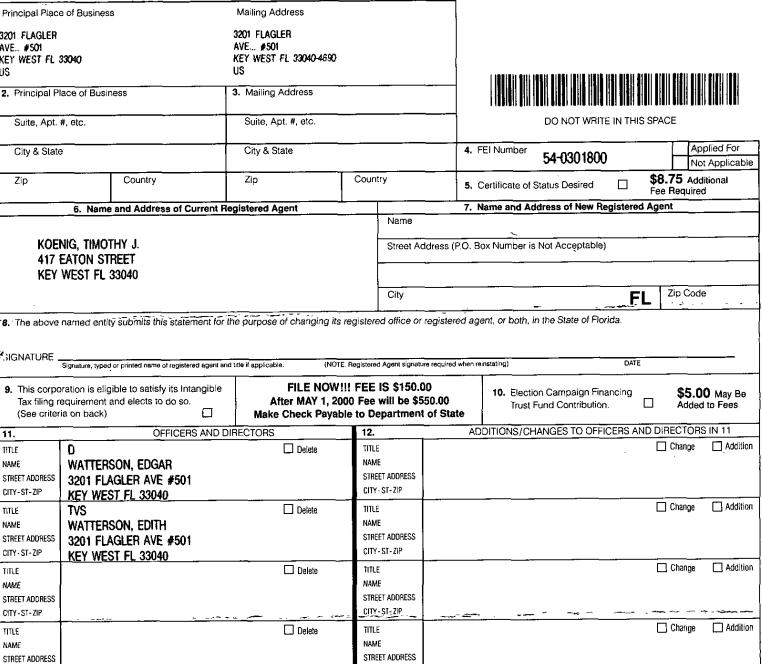
CITY-ST-ZIP

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Feb 04, 2000 8:00 am Secretary of State

02-04-2000 90039 030 ***150.00



13. I hereby certify that the information supplied with this filling 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 attachypent with an address, with all other like empowered.

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

☐ Delete

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12.

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

TITLE

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Name

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Change

☐ Addition

☐ Addition