2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

H81795 DOCUMENT

PROGRESSIVE PLUMBING, INC.



May 05, 2003 8:00 am Secretary of State 05-05-2003 90223 047 ***150.00

l				1	1			
Principal Pla	ce of Business							
1064 W HWY 50		1064 W HWY 50						
P O BOX 121126		P O BOX 1211	26					
CLERMONT	FL 34712	CLERMONT FL	34712		1 1	(2012): 0:01 (0:0) ((0) (10) (0:0) (0:0) (0:0)	8 01 8 080 908 0 8 080	11811 848 1181
US		US						
2. Principal	Place of Business	3. Mailing Addr	ess		-		 	1494 9 1211 (48)
Suite, Apt. #, etc.		Suite, Apt. #, etc.			- -	CHECK HERE IF MAKING CHANGES		
City & Ct-1-					 	The second		
City & State		City & State			4. FEI N	FEI Number 59-2618044 Applied For Not Applicable		
Zip	Zip Country		p Country		5. Certif	5. Certificate of Status Desired See Required Fee Required		
	6. Name and Address of Current I	Registered Agent			7. Name	and Address of New Register	ed Agent	
				Name		A Company of the Park of		
LAWSON, WILLIAM E								
1803 ROSEWOOD DRIVE				Street Address (P.O. Box Number is Not Acceptable)				
-	NT FL 34711							
CLERMU	441 1 L 34/ 11							
				City		1	FL Zip Cod	le
8. The above	e named entity submits this statement for	the purpose of ch	anning its register	red office or regis	tered agent o			and accept
	ations of registered agent.	the purpose of on	ianging to regiote	rea office of regis	norda ugona, c	or both, in the state of Florida.	arribarinar wan	and dosapt
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable	(NOTE: Banisler	ed Agent signature requ	ifred when reinstatin	na) DA	TE	
	olgradia, types of printed halfs of regions a agenta	no mo n opphedolo.	(NOTE, Negloto		The winds with the second			·
	FILE NOW!!! FEE IS \$150.00 .	}				. Election Campaign Financing	\$ 5.0	May Be
	er May 1, 2003 Fee will be \$550.00	_			"	Trust Fund Contribution.		to Fees
Make Chec	k Payable to Florida Department of	State						
10,	OFFICERS AND DIRECTORS 11.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	Į P		Delete TITE	LE .			☐ Change	☐ Addition
NAME	LAWSON, WILLIAM E		NAM	ME		•		
STREET ADDRESS	1803 ROSEWOOD DR.		STR	REET ADDRESS				
CITY-ST-ZIP	CLERMONT FL		CIT	Y-ST-ZIP				
TITLE	EVP		Delete TITI	LE			☐ Change	☐ Addition
NAME	LAWSON, WILLIAM E II		NAM	ме [
STREET ADDRESS			STR	REET ADDRESS				
CITY-ST-ZIP	GROVE LAND FL 34736		CITY	Y-ST-ZIP				
TITLE	VP		Delete TiTi	LE			☐ Change	Addition
NAME	CROWELL, RICHARD		NAM	- 1				
STREET ADDRESS				REET ADDRESS		- artists - artist -		
CITY-ST-ZIP	CLERMONT FL 34711		CIT	Y-ST-ZIP				
TITLE	s		Delete TITE	LE LE			☐ Change	☐ Addition
NAME	LAWSON, CHARLENE		NAM					
STREET ADDRESS	I - ITTOVITY OF ITTALE						_ •	
CITY-ST-ZIP			STR				_ ,	
	1803 ROSEWOOD DRIVE			ME			_ ,	
TITI F			cin	ME REET ADDRESS Y-ST-ZIP				Addition
TITLE NAME	1803 ROSEWOOD DRIVE		CITY Delete TITU	ME REET ADDRESS Y-ST-ZIP			☐ Change	☐ Addition
NAME	1803 ROSEWOOD DRIVE CLERMONT FL 34311		CITY Delete TITL NAM	ME REET ADDRESS Y-ST-ZIP LE ME				☐ Addition
NAME STREET ADDRESS	1803 ROSEWOOD DRIVE CLERMONT FL 34311		CITY Delete TITU NAA STR	ME LEET ADDRESS Y-ST-ZIP LE ME LEET ADDRESS				☐ Addition
NAME	1803 ROSEWOOD DRIVE CLERMONT FL 34311		CITY Delete TITL NAM STR	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP				☐ 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 required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP