

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

02-21-2003 90172 025 ***61.25
FILED J21774

DOCUMENT # 321774

1. Entity Name

Sickels Plumbing, Inc



03 FEB 25 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

90032326

2. Principal Place of Business

16600 S.E. 16th Ave

Suite, Apt. #, etc.

3. Mailing Address

16600 S.E. 16th Ave

Suite, Apt. #, etc.

City & State

Summerfield, FL

City & State

Summerfield, FL

Zip

Country

34491 US

Zip

Country

34491 US

4. FEI Number

59-2705627

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Earle F. Sickels III

Street Address (P.O. Box Number is Not Acceptable)

16600 S.E. 16th Ave

City

Summerfield

FL

Zip Code

34491

**DO NOT WRITE
IN THIS SPACE**

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

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 PD
NAME Earle F. Sickels III
STREET ADDRESS 16600 S.E. 16th Ave
CITY-ST-ZIP Summerfield, FL 34491

TITLE VP
NAME LISA Sickels
STREET ADDRESS 16600 S.E. 16th Ave
CITY-ST-ZIP Summerfield, FL 34491

TITLE S
NAME William S. Merchant
STREET ADDRESS 4021 S.E. 38th St
CITY-ST-ZIP Ocala, FL

DELETE

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IN THIS SPACE**

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:

Earle F. Sickels III

Earle F. Sickels III

2/17/03

352-347-2888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #