## 2003 FOR PROFIT CORPORATION

## Mar 07, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** J35070 **DOCUMENT #** 1. Entity Name 03-07-2003 90145 020 \*\*\*150.00 ARMSTRONG PLUMBING, INC. Principal Place of Business Mailing Address 2066 NORTH FLORIDA AVENUE % RICHARD O. ARMSTRONG P.O. BOX 1239 P.O. BOX 1239 HERNANDO FL 34442 HERNANDO FL 34442 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2747762 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARMSTRONG, RICHARD O. Street Address (P.O. Box Number is Not Acceptable) 2725 N. PAGE AVE. HERNANDO FL 34442 City Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Change ☐ Addition ARMSTRONG, RICHARD O. NAME NAME 2724 N. CAROLWOOD PT. STREET ADDRESS STREET ADDRESS HERNANDO FL CITY-ST-ZIP CITY-ST-ZIP ST D TITLE ☐ Delete TITLE Change ☐ Addition ARMSTRONG, JACQUELINE P. NAME STREET ADDRESS 2725 NORTH PAGE AVE. STREET ADDRESS HERNANDO FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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

Mith all other like empowered changed, or on an attachment with an address SIGNATURE:

3-6-03 \352-726-6800 Date Daytime Phone #

**FILED**