Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90146 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J71003 **DOCUMENT #**

1. Entity Name

DON'S PLUMBING, INC.



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6. Name and Address of Current Registered Agent KUERTZ, ARTHUR W Street Address (P.O. Box Number is Not Acceptable) Str	City & State		City & State	City & State		4. FEI Number 59-2815152	F-	 	
Name Name Street Address (F.O. Box Number is Not Acceptable)	Zip	Country	Zip	Coun	try	5. Certificate of Status Desired			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent. SignArt. Number or printed name of registered agent and time it applicable. (NOTE: Registered Agent signature necessarily) After May 1, 2005 Fee will be \$550.00 Marke Check Physiole to Florida Department of State 10. OF-HCERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. NOWE NOWE STREET ADDRESS OTH-51-2P TILE OFFICERS AND DIRECTORS SITER ADDRESS OTH-51-2P OTHER NAME STREET ADDRESS OTH-51-2P TILE TI		6. Name and Address of Currer	nt Registered Agent			7. Name and Address of New R	egistered Agent		
Sides Address (P.O. Box Norticer's Not Acceptable) Seet Address (P.O. Box Norticer's Not Acceptable) City FL Zip Code City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or infriend rame of ingratured agent and title 2 explicable. (NOTE: Registered Agent derived Ag					Name	3		J	
City FL 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 octigations of registered agent. Signature Flice Florida Flo				Street Address (F		P.O. Box Number is Not Acceptable)		
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Signature, typed or printed rame of explated agent and 96 a paperbase. (NOTE: Registered Agent signature required when orientating) FILE NOWILL SEE IS. \$15.0.00 After May 1, 2003 Fee will be \$55.0.00 Make Check Payable to Fiorida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NI 1 TITLE MAME STREET ADDRESS CITY ST. 7P SARTASOTA FL TITLE MAME STREET ADDRESS CITY ST. 2P TITLE MAME TO ADDITIONS/CHANGES ADDRESS TO ADDRESS TO ADDRESS TO ADDRESS TO ADDRESS TO ADDRES									
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		ertify that the information supplied wif	th this filing does not a			tion 119.07(3)(i). Florida Statutes 1	further certify that the	ne 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: