2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

US

1403 GULF TO BAY BLVD

CLEARWATER FL 34615

J85416 DOCUMENT

1. Entity Name

Principal Place of Business

2. Principal Place of Business

1403 GULF TO BAY BLVD

CLEARWATER FL 34615

Suite, Apt. #, etc.

City & State

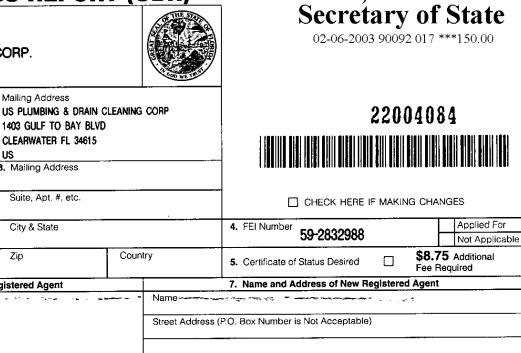
Zip

US

US PLUMBING & DRAIN CLEANING CORP

U.S. PLUMBING & DRAIN CLEANING CORP.

Country



FILED

Feb 06, 2003 8:00 am

6. Name and Address of Current Registered Agent BOWEN, GEORGE W., JR. 407 HARBORVIEW LANE **LARGO FL 33770** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change ■ Addition **PCEP** ☐ Delete TITLE BOWEN, GEORGE WM. NAME NAME STREET ADDRESS **407 HARBORVIEW LANE** STREET ADDRESS LARGO FL 33770 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME BOWEN, BEVERLY A STREET ADDRESS **407 HARBORVIEW LANE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33770 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change Addition | TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 inquired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

CR2E034 (10/02)