

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0031498 AV

DOCUMENT # **K08688**

1. Entity Name
JOHN THE PLUMBER, INC.



APPROVED
AND
FILED

03 OCT 24 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O JOHN EARL KROBATSCH
510 S.E. 16TH AVENUE
POMPANO BEACH FL 33060

Mailing Address
C/O JOHN EARL KROBATSCH
510 S.E. 16TH AVENUE
POMPANO BEACH FL 33060

2. Principal Place of Business
140 SW 1 ZELL

3. Mailing Address
140 SW 1 ZELL

Suite, Apt. #, etc.

REINSTATEMENT 2003
CHECK HERE IF MAKING CHANGES

City & State
POMP BEH FL

City & State
POMP BEH FL

Zip
33060

Country
USA

Zip
33060

Country
USA

4. FEI Number **65-0034788**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KROBATSCH, JOHN EARL
510 S.E. 16TH AVENUE
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name

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

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 obligations of registered agent.

SIGNATURE *John Earl Krobatsch* DATE *Oct. 7. 03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	KROBATSCH, JOHN EARL	
STREET ADDRESS	510 S.E. 16TH AVE.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	KROBATSCH, DAVID	
STREET ADDRESS	510 S.E. 16TH AVE.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Addition
NAME	10/27/03--01030--001	**\$500.00
STREET ADDRESS	400023796714	
CITY-ST-ZIP	10/27/03--01030--001	**\$500.00
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400023796714	
CITY-ST-ZIP	10/14/03--01065--019	**\$150.00
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: *John Earl Krobatsch* Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)