2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 15, 2000 8:00 am Secretary of State **DOCUMENT # K10591** 1. Entity Name GRASSO PLUMBING, INC. 03-15-2000 90018 036 ***150.00 Mailing Address Principal Place of Business 13139 MONTOUR ST. 13139 MONTOUR ST. BROOKSVILLE FL 34613-4804 **BROOKSVILLE FL 34613** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2861975 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRASSO, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 13139 MONTOUR ST. **BROOKSVILLE FL 34613** Zip Code FI 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Change TITLE Delete TITI F GRASSO, JOAN NAME NAME 13TH ST. EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STEINHATCHEE FL 32359 Change ☐ Addition ☐ Delete TITLE TITLE GRASSO, WM. NAME NAME STREET ADDRESS 13139 MONTOUR ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE **BROOKSVILLE FL** ☐ Change Addition Delete TITLE GRASSO, MARTIN NAME NAME STREET ADDRESS 13TH ST. EAST STREET ADDRESS CITY-ST-ZIP STEINHATCHEE FL 32359 CITY-ST-ZIP Change ■ Addition Delete TITLE TITLE GRASSO, WILLIAM J NAME NAME 5935 COLONY CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE WEEKI WACHEE FL 34607 Addition Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITLE ☐ Delete NAME

13. I hereby certify that the information supplied with this filling 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 eath; 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

CICMATUDE

STREET ADDRESS

CITY-ST-ZIE

William Mimo

NTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM GRASSO

2/29/00 (352) 596-3562

Daytime Phone #