UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2006 8:00 am
Secretary of State
04-10-2006 90342 032 ***150.00

DOCUMENT # K33184

1. Entity Name

GARDENS PLUMBING, INC.

Principal Place of Business:	Mailing Address
3567 91ST ST. NORTH SUITE 204 LAKE PARK FL 33403	3567 91ST ST. NORTH SUITE 204 LAKE PARK FL 33403-1127

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0071914 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKIN, DON
~~3567 91ST ST. NORTH~~
~~SUITE 204~~
LAKE PARK FL 33403

P.O. Box 530666
4061 Rodgers St
P.B. Gardens. FL 33410

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MCKIN, A. DON 3567 91ST ST. N., STE. 204 LAKE PARK FL 33403	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCKIN, JACKIE 3567 91ST ST. N., STE. 204 LAKE PARK FL 33403	☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President MCKIN R. DON 3567 91ST ST. N. STE. 204 LAKE PARK FL 33403	☑ Change ☐ Additi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. MCKIN, JACKIE 3567 91ST ST N. 2 Lake Park, Fla. 33403	☑ Change ☐ Addi
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13. 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 informa 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 dire 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: A. Don McKin A. DON MCKIN 4/11/2000 561-624-16
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #