2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

K73808 **DOCUMENT #**

1. Entity Name

DREW'S PLUMBING, INC.



Apr 14, 2003 8:00 am Secretary of State **FILED**

Mailling Address 100 S.W. 18TH STREET FORT LAUDEROALE FL 33315 2. Principal Pace of Business Suite Apt #, etc. Cry & State A. Mailling Address Suite Apt #, etc. Cry & State A. He Humber 65-0107653 Applied For Row Ap						WE THE					
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EVALUATION Country Z.p. Country 5. Certificate of Status Desired Special St.75 Applicable Special St.75 Applicable Special Spe	Suite, Apt. #	#, etc.	Sui	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
S. Calmidate State Andress of Current Registered Agent	City & State	•	City	City & State			4. FEI Number 65-0107653				
Name Name Name Stroict Address (P.O. Box Number's Not Acceptable)	Zip									ee Require	
Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) City FL Zip Code 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 Signature, hone or printed name of registered agent. FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridae Department of State 10.		6. Name and Addr	ess of Current Register	ed Agent —	، ومواق ديمين	, me memery	⊶7.∞Name and	Address of New F	registered A	gent	
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19. Uharahy partify that the information supplied with this filing does not qualify for the examption etated in Section 119 07/3Vi). Florida Statutes I further certify that the information			p. p. 22. 21. 22.		_			() Fl.:1- 0:	17 11 2	t de sette de	.(

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:

Date

Daytime Phone #