2003 FOR PROFIT CORPORATION

Apr 14, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** K89066 DOCUMENT # 04-14-2003 90339 036 ***150.00 1. Entity Name DAUGHERTY PLUMBING, INC. Principal Place of Business Mailing Address 4107-19 AVENUE, WEST 4107 19TH AVENUE, WEST **BRADENTON FL 34205 BRADENTON FL 34205** ЦS IIS 2. Principal Place of Business 3. Mailing Address 12805 COUNTY 4107-☐ CHECK HERE IF MAKING CHANGES Applied For City & State 65-0123567 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAUGHERTY, D. EDWARD, JR. Street Address (P.O. Box Number is Not Acceptable) 3015 1ST AVE W **BRADENTON FL 34205** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE ☐ Defete TITLE NAME DAUGHERTY, MICHAEL D NAME 12805 COUNTY RD 675 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PARRISH FL 34219 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME DAUGHTERTY, MICHAEL D NAME STREET ADDRESS STREET ADDRESS 100 40 STREET LN CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34205** TITLE ☐ Delete TITLE ☐ Change ☐ Addition DAUGHERTY, Derwin E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON FL. 34205 CITY-ST-7IP Addition ☐ Change TITLE TITLE NAME NAME DAUGHERT 4107 19 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 10 if

CITY-ST-ZIP

CITY-ST-ZIP

FILED