859-1367

Daytime Phone

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 29, 2001 8:00 am **DOCUMENT # K92673 Secretary of State** 1. Entity Name DAVID ALBERTS PLUMBING, INC. 03-29-2001 91027 015 ***150.00 Principal Place of Business Mailing Address 4390 SUNNY SIDE DRIVE PO BOX 68 LAKELAND FL 33810 **EATON PARK FL 33840-0068 いいのうぶるり** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2958382 Not Applicable Zip Zip 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 MORRELL, EDUARDO F E Street Address (P.O. Box Number is Not Acceptable) 500 S FLORIDA AVE **STE 210** LAKELAND FL 33801-5252 City 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 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. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE **PSTD** ☐ Delete ☐ Change ALBERTS, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 906 S GOLDEN RULE CT CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33803 **▼** Addition TITLE **▼** Detete TITLE NAME ALBERTS, E. JOAN NAME Miller, Robin 3621 PUBLIX ROAD STREET ADDRESS STREET ADDRESS 6106 Waterman Lane CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL Lakeland, FL -TITLE: Detete ---NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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 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 for trustee efforts where 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 w n an address, with all other like empowered.

OF SIGNING OFFICER OR DIRECTOR