FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 01, 2002 8:00 am Secretary of State 05-01-2002 91564 011 ***150.00

DOCUMENT # K95314 1. Entity Name American Plumbing Se	drvices of F	L, INC.	03 01 2002 31301	011 130.00
DO NOT WRITE			642940	, ,
7/35 W. Gulf Holake Hay Suite, Apt. #, etc. 3. Mailing Address Same Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE .		
Crystal River, FL	City & State	Country	4. FEI Number 65-0128258	Applied For Not Applicable 8.75 Additional
DO NOT WIN THIS SP	RITE	Name - Ja Street Address (1	7. Name and Address of Current Registered A Mes A - Merick C. Box Number is Not Acceptable) Authorized To Lak	e Required
8. The above named entity submits this statement for	r the purpose of changing its req	City Cay gistered office or register	STM RIVER FL ed agent, or both, in the State of Florida.	zipsode429
SIGNATURE Signature, typed or printed name of registered agent is	and title if applicable. (NOTL: Re	gistered Agent signature required	when reinstating) DATL	-
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	After May 1.	1 Fee is \$150.00 Fee is \$650.00 BR is \$61.25 to Department of Stat	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND I TITLE President - NAME STREET ADDRESS 7135 W Guif to Lake TRIVER FL 34459	۷.	TITLE MARK STREET ADDRESS CITY ST. 20		The state of the s
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITL	ake thus	THE NAME STREET ADDRESS CITY ST. 200 RILE		- Arus
STREET ADDRESS TUSTIN J Merric COY-ST-ZIP TITLE SCORETORY Treasing Treasin	٠ . ٧	NAME STREET ADDRESS GTY-ST-ZPP EIGH	DO NOT WRIT	
NAME STREET ADDRESS CITY-ST-ZIP TITLE		MAME SHEET AUSPESS CITY-SI-ZIP	IN THIS SPACE	E
NAME STREET ADDRESS CITY-ST-ZIP		RAME STREET ADDRESS CITY: ST-ZP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		THEE NAME STREET ADDRESS GTP-SE-ZIP		
13. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empor attachment with an address, with all other like emporation.	true and accurate and that my s swered to execute this report as	ionature shall have the so	ame legal effect as if made under eath, that I am r	an officer or director