2002 UNIFORM BUSINESS REPORT (UBR)

May 24, 2002 8:00 am Secretary of State DOCUMENT # L01000001408 04-22-2002 90240 008 ****50.00 1. Entity Name PROGRESSIVE PLUMBING S.C., LLC Principal Place of Business Mailing Address 1064 WEST HIGHWAY SO P.O. BOX 121126 86230 CLERMONT FL 34711 CLERMONT FL 34712 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 59-369478 Not Applicable Zip Country Zip Country \$5.00 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 LAWSON, WILLIAM E Street Address (P.O. Box Number is Not Acceptable) 1084 WEST HIGHWAY 50 CLERMONT FL 34711 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) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9, MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE TITLE Change NAME . Lawson ☐ Addition 9/01 NAME STREET ADDRESS STREET ADDRESS CRZE083 CITY-ST-70 CITY-ST-7IP TITLE Delete TITLE NAME ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-718 CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition MALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME Addition STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutas. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-7/P

SIGNATURE AND TYPED OR PRINTED NAME OF

CITY-ST-ZIP