2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L59363

1. Entity Name LEIGH CLARK PLUMBING, INC.



FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90129 040 ***150.00

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Principal Place of Business 2700 NORTHEAST 23RD COURT POMPANO BEACH FL 33062 US			2700	Mailing Address 2700 NORTHEAST 23RD COURT POMPANO BEACH FL 33062 US								
2. Principal Place of Business			3. Ma	3. Mailing Address				!	IANA BABAN BABAN	11 8 11 0 1811 0		
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State				4.	4. FEI Number 65-0177933 Applied For Not Applicable				
Zip	Country		Zip	ip Cou		try	5.	Certificate of Status Desired		3.75 Add	ditional	1
	6. Name	and Address of Curre	nt Registere	ed Agent			7.	Name and Address of New Reg	istered Age	ent	. ,	1
GREENE, MICHAEL E.						Name						
	ST SAMPLE			Stre			eet Address (P.O. Box Number is Not Acceptable)					1
SUITE 32	4											7
- CORAL SPRINGS FL 33065						City FL Zip Code						
	named entit tions of regist		for the purp	pose of changing its	registere	ed office or r	registered ag	gent, or both, in the State of Florid	da. I am fam	iliar with,	and accept	
SIGNATURE	Signature bined	or printed name of registered age	at and title if non-	NOTE MOTE	. Doolston	d Agent signatur	e required when r	in the second se	DATE			
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Finar Trust Fund Contribution.	ncing		0 May Be I to Fees	
10.		OFFICERS AN		l IRS	11.		ΔΓ) DDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTOR	S IN 11	4
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12. 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:

SIGNATURE AND TYPED OR EMINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21.03

954 428 741 Daytime Phone #