

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90455 045 \*\*\*150.00

**DOCUMENT # L72438**

1. Entity Name

**GEORGE'S PLUMBING SERVICES, INC.**

Principal Place of Business

Mailing Address

**61 COCO PLUM DRIVE  
 UNIT F  
 MARATHON FL 33050  
 US**

**61 COCO PLUM DRIVE  
 MARATHON FL 33050  
 US**

**972172**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0202168**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**3701 FENNER, J P  
 3998 FAU BLVD  
 STE 200  
 BOCA RATON FL 33431**

Name

Street Address (P.O. Box Number is Not Acceptable)

**3701 FAU Blvd - Suite 210**

City

**FL**

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

*John Fenner* **JOHN P. FENNER**

**4/21/01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>UPPERMAN, GEORGE W</b>	
STREET ADDRESS	<b>419 121 ST GULF</b>	
CITY-ST-ZIP	<b>MARATHON FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>UPPERMAN, SUZANNE M</b>	
STREET ADDRESS	<b>419 121 ST GULF</b>	
CITY-ST-ZIP	<b>MARATHON FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>DUNFORD, REX M</b>	
STREET ADDRESS	<b>1093 74 ST - OCEAN</b>	
CITY-ST-ZIP	<b>MARATHON FL</b>	
TITLE	<del><b>BATTNER, S H</b></del>	<del><input checked="" type="checkbox"/> Delete</del>
NAME	<del><b>1101 E OCEAN DR</b></del>	
STREET ADDRESS	<del><b>KEY COLONY BCH FL</b></del>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *George W. Upperman* **GEORGE W. UPPERMAN, PRESIDENT**

**4/26/01 (305) 289-0778**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)