FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2002 8:00 am Secretary of State

U11				05-08-2002 9012	4 004 ***150.00
DOCUM	MENT # L72438		\setminus		
1. Entity Name	GE'S PLUMBING	SERVICES INC	,)		
GEOR	GE'S HYNNRING	JUNE Cymre			
	O NOT WRITE	IN THIS SPA	CE		
L	O MOI MAIZILE	nt 11110 o			
2. Principal Pla	ce of Business	3. Mailing Address	m Dive		
61 Coc	o Plum DWPL	O ((() () () () () () () () (MPNI	DO NOT WRITE IN THIS SPAC	E
Suite, Apt. #	+ F	unix, +		4. FEI Number, — A	Applied For
City & State	then FL	Marathall	FL.	65-0202168	Not Applicable
Zip -	Country	33050	ountry//>		75 Additional Required
33 <i>0</i> °	50 US	33WU	10	7. Name and Address of Current Registered Age	nt
			Name	IN P. FENNER	7
	DO NOT WI	RITE	Street Address	(P.D. Box Number is Not Acceptable) 10 Boca Ration Boule	wasd
	IN THIS SP	ACE	5,,,	107	
			City	Patera FL '	^{Zip} 약명43/
		the common of changing its regi	stered office or registe	red agent, or both, in the State of Florida.	
8. The above r	named entity submits this statement for	the purpose of changing its regi	FALLARI	4/10/02	
SIGNATURE	JOHN P. FENNER	Dan . NOTE REC	pistered Agent signature require	od when reinstating)	
	Signature, typeo or printed halfs of register and	lanuary 1 • May	1 Fee Is \$150.00	10. Election Campaign Financing	\$5.00 May Be
This corporation is eligible to satisfy its intangible After May 1. The filing requirement and elects to do so. Amended 1. Amended 1. Amended 1.			Fee (\$ \$550.00 BR (\$ \$61.25	Trust Fund Contribution.	Added to Fees
(See criteri	la on back)	Make Check Payable !	o Department of St	ité	
11.	OFFICERS AND	DIRECTORS	TITLE .		
TITLE NAME	upperman, Geor	ge W.	NAME Street address		
STREET ADDRESS CITY-ST-ZIP	41 12 12 W St- Gulf	0 050	CUA-21-50		
TITLE	Marathan I L	na.M	THE		
NAME	ST Upperman, Suyan 419 1210+SH Gulf	Y (2) ()	NAME Street acoress		
STREET ADDRESS CITY-ST-ZIP	Marathon FL 33	050	CTY+ST-ZIP		
	Ĭ	_ B	TITLE		
NAME DUNFOID, REWH. STREET ADDRESS 109 & 774 th St Oclan CITY-ST-ZIP Marathon FL 33050			STREE ADDRESS DO NOT WRITE		E
CITY-ST-ZIP	Marathon FL 33	050	BUA 21-96		
TITLE	•		BILE NAME	IN THIS SPAC	<u> </u>
NAME STREET ADDRESS			STREET ADDRESS	, e	
CITY-ST-ZIP			CITY+ST-ZIP TITLE		
TITLE NAME			NAME	· ·	
STREET ADDRESS			STREET ADDRESS CITY ST-ZIP		1
CITY-ST-ZIP			TIME		
TITLE NAME			NAME CONTRACTOR CONTRACTOR		
STREET ADDRESS CITY-ST-ZIP		,	STREET ADDRESS City - St - 71P		1.
13. Thereby	certify that the information supplied with	h this filing does not qualify for th	ne exemption stated in	Section 119.07(3)(i), Florida Statutes. I further certify se same legal effect as if made under oath; that I am	that the information an officer or director
indicated	certify that the Information supplied wit d on this report or supplemental report i proporation or the receiver or trustee em ent with an address, with all other like e	powered to execute this report a	ne exemption stated in signature shall have th as required by Chapte	Section 119.07(3)(i), Florida Statutes. I further certify the same legal effect as If made under oath; that I am of 607, Florida Statutes; and that my name appears in	an officer or director Block 11 or on an