20 UNI	03 FOR PROF	IT CORPOR	1 A1 1 1 (1	ION UBR)	FILED Jan 10, 2003 8:00 am	
UNIFORM BUSINESS REPORT (UBR) DOCUMENT # M66907 1. Entity Name ERNEST E. RHODES PLUMBING, INC.				Secretary of State 01-10-2003 90043 048 ***150.00		
Principal Place 10700 5TH AVE P O BOX 995 MARATHON FL	ENUE GULF L 33050	Mailing Address PO BOX 500995 MARATHON FL 33050 US				
	lace of Business	3. Mailing Address			- I INDIDDIT HID #fatte mixed (din) emilie indit okort onori alani oldit dierk minir iden	
Suite, Apt. #		Suite, Apt. #, etc.				
City & State	· · · · · · · · · · · · · · · · · · ·	City & State			4. FEI Number 65-0029941 Applied For Not Applicable	
Zip	Country	Zip	Count	ıtry	5. Certificate of Status Desired \$8.75 Additional Fee Required	
· · · · · · · · · · · · · · · · · · ·	- 6. Name and Address of Current	Registered Agent		Name		
RHODES, E			I	Street Address (P.O. Box Number is Not Acceptable)		
-	I AVENUE GULF N FL 33050		I			
•				City	FL Zip Code	
8. The above n the obligatic	named entity submits this statement fo ons of registered agent.	or the purpose of changing its	, registere	ed office or register	ered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOT	E: Registere	ed Agent signature required	ed when reinstating) DATE	
After I Make Check I	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department o	of State			 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 	
10. TITLE [OFFICERS AND		11. TITLE	r ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS	RHODES, ERNEST E. 10700 5TH AVENUE GULF MARATHON FL	·	NAME			
TITLE NAME STREET ADDRESS CITY - ST - 2IP		Delete			Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		-	Change 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete			- 🗋 Change 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete			Change 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete			Change C Addition	
indicated or	URE	s true and accurate and that m owered to execute this report a with all ptp like empowered.	ny signatu as require	ture shall have the sa red by Chapter 607,	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if ES 01/07/2003 305 1143-1072 Date Dayline Phone #	