2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M73240

1. Entity Name

EGGÉTT PLUMBING AND MARINE, INC.



Mailing Address Principal Place of Business % ROBERT K. MILLER % ROBERT K. MILLER 90010703 2975 OVERSEAS HIGHWAY 2975 OVERSEAS HIGHWAY MARATHON FL 33050 MARATHON FL 33050 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 65-0043042 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILLER, ROBERT K. Street Address (P.O. Box Number is Not Acceptable) 2975 OVERSEAS HIGHWAY MARTHON FL 33050 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11, ☐ Addition TITLE ☐ Detete TITLE EGGETT, BRUCE F NAME NAME 52 CHAMBERS ST STREET ADDRESS STREET ADDRESS **BIG PINE KEY FL 33043** CITY-ST-ZIP CITY-ST-7IP DVP Addition Change ☐ Delete TITLE TITLE EGGETT, BRUCE F. NAMÉ NAME 52 CHAMBERS ST STREET ADDRESS STREET ADDRESS **BIG PINE KEY FL 33043** CITY-ST-ZIP CITY-ST-7IP ■ Addition ☐ Change ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete ☐ Change Addition TITLE NAME NAME

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 changed, or on an attachment with an address, with all other like suppowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 0.5

Daytime Phone #

FILED

Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90198 048 ***150.00

CR2E034 (10/02)