2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99102

1. Entity Name
DIAL PLUMBING OF BREVARD, INC.

FILED
Jan 08, 2001 8:00 am
Secretary of State
01-08-2001 90001 039 ***150.00

Principal Place of Business	Mailing Address
1996 HWY US 1 ROCKLEDGE FL 32955 US	1996 HWY US 1 ROCKLEDGE FL 32955 US

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number **59-2912728**

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	**5.** Certificate of Status Desired ☐	Applied For / Not Applicable

$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
MYERS, JON M 840 BREVARD AVE STE C ROCKLEDGE FL 32955	Name Street Address (P.O. Box Number is Not Acceptable) *1996 US 1* City *Rockledge* FL Zip Code *32955*

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 _Jon Myers_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1/2/01

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 NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, JON M 1996 HWY US 1 ROCKLEDGE FL 32955	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: _Jon Myers_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date 1/2/01   Daytime Phone # 321-632-2663