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2001 UNIFORM BUSINESS REPORT (UBR)

Jan 17, 2001 8:00 am DOCUMENT # P00000029133 **Secretary of State** VINCENT PLUMBING & FIRE PROTECTION SERVICES, INC 01-17-2001 90082 001 ***150.00 Principal Place of Business Mailing Address 1308 CLEARLAKE ROAD 1308 CLEARLAKE ROAD 603100 COCOA FL 32922-6484 COCOA FL 32922-6484 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3634262 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VINCENT. GEORGE R Street Address (P.O. Box Number is Not Acceptable) -1308: CLEARLAKE ROAD COCOA FL 32922-6484 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5,00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. \square Addition Delete TITLE ☐ Change TITLE NAME NAME VINCENT, GEORGE R STREET ADDRESS 1308 CLEARLAKE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32922-6484 ☐ Change ☐ Addition Delete TITLE TITLE VINCENT, MERRILL M NAME STREET ADDRESS STREET ADDRESS 1308 CLEARLAKE ROAD CITY-ST-ZIP DITY-ST-7IP COCOA FL 32922-6484 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 1171 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

M. Vincent 1-10-01

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