2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State
06-26-2001 90011 001 ***100.00
06-26-2001 90011 002 ****50.00

DOCUMENT # P00000038171

1. Entity Name

H.G BUSH PLUMBING INC.

Principal Place of Business	Mailing Address
20247 HUFFMASTER RD N.FT MYERS FL	P.O BOX 05-1152 FT MYERS FL 33994-1152

2. Principal Place of Business	3. Mailing Address
20247 HUFFMASTER RD	P.O BOX 05-1152
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N.FT MYERS FL	City & State: FT MYERS FL
Zip: 33917 Country: LEE	Zip: 33994-1152 Country: LEE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0076642 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HENRY G BUSH
20247 Huffmaster Rd
N. Ft Myers FL 33917

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated.)

FILING FEE $150.00
Make Checks Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres HENRY G BUSH PO BOX 05-1152 FT MYERS FL 33994	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. JOANN M. BUSH PO BOX 05-1152 FT MYERS FL 33994-1152	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Joann M. Bush 5-1-01 941-543-4141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #