Apr 16, 2003 8:00 am Secretary of State 04-16-2003 90163 016 ***150.00 **FILED**

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000039755

DOCUMENT #

1. Entity Name ALDERSON PLUMBING, INC.



Sulle, Apl. #, etc. Sulle, Apl. #, etc. Check Here if Making Changes Applied For Country Zip Country 5.** Certificate of Status Desired \$8.75. Additional. Fee Required \$9.75. Additional. Fee Req					WE VE				
Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Signer Address of Status Desired Signer Address of New Registered Agent Name Street Address of New Registered Agent Name Street Address of New Registered Agent Name Street Address (PO. Box Number is Not Acceptable) City FL Zip Code The Boven 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 ac me obligations of registered agent. City FL Zip Code The Number is Not Acceptable) Difference of Plorida agent with the flagstcack. (ICITE Registered Agent agratum accurate when remaining) Difference of Plorida agent with the flagstcack. (ICITE Registered Agent agratum accurate when remaining) Difference of Plorida agent with the flagstcack. City FL Zip Code The Number is Not Acceptable) Difference of Plorida agent with the flagstcack. (ICITE Registered Agent agratum accurate when remaining) Difference of Plorida agent with the flagstcack. (ICITE Registered Agent agratum accurate when remaining) Difference of Plorida agent with the flagstcack. (ICITE Registered Agent agratum accurate when remaining) Difference of Plorida agent with the flagstcack. (ICITE Registered Agent agratum accurate when remaining) Difference of Plorida agent agent, or both, in the State of Florida. I am familiar with, and accept agent agent, or both, in the State of Florida. I am familiar with, and accept agent agent, or both, in the State of Florida. I am familiar with, and accept agent agent, or both, in the State of Florida. I am familiar with, and accept agent agent agent a	3021 CARDINAL DRIVE 3021			021 CARDINAL DRIVE			4 (18 11) 6 61 (1) 66 1) (18 91) 68 1) (18		### #### ### ###
City & State City & State Desired \$8.75, Additional Fee Required \$8.75, Additional	Principal Place of Business 3. Mailing Address								111 3 1111 1111 1111
Zip Country Zip Country	Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALDERSON, DANIEL F 3021 CARDINAL DRIVE DELRAY BEACH FL 33444 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent are title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 ALDERSON, DANIEL F SIREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33444 TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Ad AD Change Ad AD Change Ad AD Change Ad STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZI	City & State			City & State			4. FEI Number 65-1016775 Applied For Not Applicab		
ALDERSON, DANIEL F 3021 CARDINAL DRIVE DELRAY BEACH FL 33444 City FL Zip Code 6. 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 ac the obligations of registered agent. SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10 POPFICERS AND DIRECTORS ITILE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE NAME ALDERSON, DANIEL F STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE STREET ADDRESS CITY-ST-ZIP	Zip	- Country	Zip	r meng mendung be	Country	- 5	Certificate of Status Desired	□ \$8.75_A Fee Requ	Additional
ALDERSON, DANIEL F 3021 CARDINAL DRIVE DELRAY BEACH FL 33444 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. I am familiar with, and active objective		6. Name and Addres	ss of Current Register	ed Agent		7.	Name and Address of New Re	gistered Agent	
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 ac the obligations of registered agent. SIGNATURE Signature, typed or printed parameter agent and the if applicable. (NOTE: Registered Agent signature required when renotating) DATE	3021 CARDINAL DRIVE					•			
SIGNATURE Signature Signa					City			FL Zip Cr	ode ·
After May 1, 2003 Fee will be \$550.00 May Added to Fee Check Payable to Florida Department of State 10. 2	the obligat	ons of registered agent. Signature, typed or printedmarne	of registered agent and title if app						h, and accept
TITLE NAME STREET ADDRESS CITY_ST_ZIP	After	May 1, 2003 Fee will Payable to Florida D	be \$550.00 epartment of State				Trust Fund Contribution	. ∐ Add	ded to Fees
ALDERSON, DANIEL F STREET ADDRESS CITY-ST-ZIP ALDERAY BEACH FL 33444 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10. 2	- 7	FICERS AND DIRECTO	RS	11.	Αſ	DDITIONS/CHANGES TO OFFIC	CERS AND DIRECTO	RS IN 11
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	ALDERSON, DANIEL 3021 CARDINAL DRI	VE	□ Delete	NAME STREET ADDRESS			☐ Change	e 🗍 Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Ad NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	name Street address	e sta	:	☐ Delete	NAME STREET ADDRESS			☐ Change	e 🗋 Addition
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	name Street address			Oelete	-NAME		<u>-</u>	☐ Change	e
TITLE Delete TITLE Change Ad	NAME Street address			☐ Delete	NAME STREET ADDRESS			☐ Change	e 🔲 Addition
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS			☐ Delete	NAME STREET ADDRESS		3-1-1-1-1	☐ Change	e
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP 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 direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if made under oath; that I am an officer or direction of the same legal effect as if the same l	NAME STREET AODRESS (CITY-ST-ZIP	ertify that the information	supplied with this filing		NAME STREET ADDRESS CITY-ST-ZIP	l in Section	119.07(3)(i), Florida Statutes. I f		

SIGNATURE:



Date