2001 UNIFORM BUSINESS REPORT (UBR) *DOCUMENT # P00000049428 1. Entity Name RWM PLUMBING, INC. FileD Feb 06, 2001 8:00 am Secretary of State 02-06-2001 90309 004 ***150.00

1. Entity Nar RWM PI	ne LUMBING, INC.					Secreta 02-06-2001 9				
Principal Place of Business 11232-5 ST. JOHNS INDUSTRIAL PKWY. N. JACKSONVILLE FL 32246		Mailing Address 11232-5 ST. JOHNS INDUSTRIAL PKWY. N. JACKSONVILLE FL 32246					ย .	1 U U '	.	
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2. Principal Place of Business		3. Mailing Address					III BOIH BIBI			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE	IN THIS S	PACE		
City & State		City & State	 ,	4.	El Number 59-3650974			oplied For ot Applicable	7	
Zip Country		Zip Coun		try	5. Certificate of Status Desired See Requir		8.75 Add	ditional		
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent						_
Morris, Eric B 11232-5 St. Johns Industrial Pkwy. N. Jacksonville Fl 32246				Name Street Address (P.O. Box Number is Not Acceptable)					-	
				City			FL	Zip Cod	e	1
8. The above	named entity submits this statement for	the purpose of changing its r	registere	ed office or regi	istered ag	ent, or both, in the State of Florid				1
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	: Registered	d Agent signature rec	quired when re	pinstating)	DATE			
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After MAY 1, 200	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			10. Election Campaign Finan Trust Fund Contribution.	icing		0 May Be I to Fees	1
11.	OFFICERS AND D		12.		AD	DITIONS/CHANGES TO OFFICE	ERS AND (DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Ī			ı	☐ Change	☐ Addition	CR2E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Chang			☐ Change	☐ Addition	CR2
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		I -	1				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	☐ Delete	4			W	l	Change	☐ Addition	†
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Į	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP		,,,,	(☐ Change	☐ Addition	
13. I hereby of indicated of the corp changed,	certify that the information supplied with the on this report or supplemental report is troporation or the receiver or trustee empore or on an attachment with an adverse, with	nis filing does not qualify for to ue and accurate and that my ered to execute this report a thail other like empowered.	he exen signatu s require	nption stated in ure shall have the ed by Chapter	Section 1 he same le 607, Floric	19.07(3)(i), Florida Statutes. I fu egal effect as if made under oath a Statutes; and that my name a	rther certify that I am ppears in I	that the in an officer Block 11 or	formation or director Block 12 if	

SIGNATURE:

ERICMORRIS

1-12-01

Daytime Phone