FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jan 21, 2002 8:00 am Secretary of State P00000049428 DOCUMENT # 1. Entity Name RWM PLUMBING, INC. 01-21-2002 90034 014 ***150.00 Principal Place of Business Mailing Address 11232-5 ST. JOHNS INDUSTRIAL PKWY. N. 11232-5 ST. JOHNS INDUSTRIAL PKWY, N. JACKSONVILLE FL 32246 JACKSONVILLE FL 32246 2. Principal Place of Business 3. Mailing Address 701<mark>1 Business Pk. Blvd</mark> N 7011 Buisness Pk Blvd N Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u>Suite 101</u> Suite 101 Applied For City & State Citý & State 4. FEI Number 59-3650976 Not Applicable Jacksonville, JAcksonville Country \$8.75 Additional Country 5. Certificate of Status Desired 32256 USA Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORRIS, ERIC B Street Address (P.O. Box Number is Not Acceptable) 11232-5 ST. JOHNS INDUSTRIAL PKWY. N. JACKSONVILLE FL 32246 Zip Code City statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) Change ☐ Addition ☐ Delete TITLE MORRIS, ERIC B NAME Morris, Eric B 11232-5 ST. JOHNS INDUSTRIAL PKWY. N. STREET ADDRESS STREET ADDRESS 7011 Business PkiBlvd N.St101 JACKSONVILLE FL 32246 CITY-ST-ZIP CITY-ST-7IP Jacksonville, FL 32256 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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 truestee enhancement of 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02

Daytime Phone #