2002 Uniform Business Report (UBR)

DOCUMENT # P00000060475 1. Entity Name 03-18-2002 90021 009 ***150.00 ROSS ELLIS PLUMBING, INC. Principal Place of Business Mailing Address 12526 TYLER RUN BLVD 12526 TYLER RUN BLVD ODESSA FL 33556 ODESSA FL 33556 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3653391 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ELLIS, DEBRA L Street Address (P.O. Box Number is Not Acceptable) 12526 TYLER RUN BLVD ODESSA FL 33556 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE PD ☐ Delete CR2E034 (9/01) TITLE ☐ Change ☐ Addition ELLIS, ROSS E NAME NAME STREET ADDRESS 12526 TYLER RUN BLVD STREET ADDRESS CITY-ST-ZIP ODESSA FL 33556 CITY-ST-ZIP TITLE STD Delete TITLE ☐ Change ☐ Addition NAME ELLIS, DEBRA L NAME STREET ADDRESS 12526 TYLER RUN BLVD STREET ADDRESS CITY-ST-ZIP ODESSA FL 33556 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 'Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 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

SIGNATURE:

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

Daytime Phone #