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2001 UNIFORM BUSINESS REPORT (UBR)

## May 30, 2001 8:00 am Secretary of State DOCUMENT # P0000068099 05-07-2001 90038 037 \*\*\*150.00 STEM-O PLUMBING SUPPLY, INC. Principal Place of Business Mailing Address 331 2ND STREET. #1 331 2ND STREET. #1 47297 HOLLY HILL FL 32117 HOLLY HILL FL 32117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Not Applicable \$8:75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent Name HORNER, DUANE E Street Address (P.O. Box Number is Not Acceptable) 331 2ND STREET, #1 HOLLY HILL-FL 32117 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. (HOTE: l'egistered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 200 | 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. Addition CR2E034 (10/00) TITLE ☐ Delete TITLE Change UBNE E NAME NAME 33 ST. D-ND 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 · Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change Delete TITES NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Addition TITLE Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this liling 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 required on the report is required to 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 a with all other empowered.