

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90172 003 \*\*\*150.00

<b>DOCUMENT # P00000071800</b> 1. Entity Name <b>ENCORE PIPEWORK, INC.</b>					
Principal Place of Business 533 LA FITTE ROAD LITTLE TORCH KEY, FL 33042			Mailing Address 533 LA FITTE ROAD LITTLE TORCH KEY, FL 33042		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-1030173</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>RHOES, NORVAL</b> <b>737 LA FITTE ROAD</b> <b>LITTLE TORCH KEY, FL 33042</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when administering)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>FILE NOW! FEE IS \$160.00</b>  <b>After May 1, 2003 Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 60%;">         9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STILLWELL, WILLIAM G</b> <b>19065 FLAMINGO ROAD</b> <b>FT MYERS, FL 33912</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CONTE, ANTHONY S</b> <b>533 LA FITTE ROAD</b> <b>LITTLE TORCH KEY, FL 33042</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CONTE, LUCILLE M</b> <b>533 LA FITTE ROAD</b> <b>LITTLE TORCH KEY, FL 33042</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Anthony Conte</u> <b>ANTHONY CONTE</b> <u>4/30/03</u> <u>3058724105</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E034 (10/02)