2/7

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State
02-07-2001 90142 019 ***150.00

DOCUMENT # P00000083071

1. Entity Name
GAS TIGHT PLUMBING & MECHANICAL, INC.

Principal Place of Business	Mailing Address
P.O. BOX 322 GAINESVILLE FL 32602-0322	P.O. BOX 322 GAINESVILLE FL 32602-0322

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. Box 233	P.O. Box 233
Suite, Apt. #, etc. McIntosh FL	Suite, Apt. #, etc. McIntosh FL
City & State 32664 U.S.	City & State 32664
Zip / Country	Zip / Country

4. FEI Number 59-3668124 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WISHART, THOR 6602 AVE G. MCINTOSH FL 32664	Name Street Address (P.O. Box Number is Not Acceptable) 6202 Ave G City McIntosh FL Zip Code 32664

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE $ $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NANKE, TODD H 6602 AVE G. MCINTOSH FL 32664	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WISHART, THOR 6602 AVE G. MCINTOSH FL 32664	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P 6202 Ave. G McIntosh FL 32664 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WISHART, KAREN 6602 AVE G. MCINTOSH FL 32664	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S T 6202 Ave. G McIntosh FL 32664 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NANKE, KATHY 6602 AVE G. MCINTOSH FL 32664	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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

SIGNATURE: _____ 2-6-01 (352) 317-3644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #