2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 03, 2001 8:00 am Secretary of State DOCUMENT # P00000111331 1. Entity Name JIM NOLL PLUMBING SERVICE, INC. 04-03-2001 90039 022 ***150.00 Principal Place of Business Mailing Address 264 MEADOWLARK CT 264 MEADOWLARK CT MARCO ISLAND FL 34145 MARCO ISLAND FL 34145 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 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 ame NOLL, ANDREA T Street Address (P.O. Box Number is Not Acceptable) 264 MEADOWLARK CT MARCO ISLAND FL 34145 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. П 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 ☐ Change TITLE ☐ Delete TITLE NOLL, JAMES J NAME NAME STREET ADDRESS STREET ADDRESS 264 MEADOWLARK CT CITY-ST-ZIP CITY - ST-71P MARCO ISLAND FL 34145 ☐ Addition TITLE ☐ Delete TITLE Change NAME NOLL, ANDREA T NAME STREET ADDRESS STREET ADDRESS 264 MEADOWLARK CT CITY-ST-ZIP MARCO ISLAND FL 34145 CITY - ST - ZIP TITLE TITLE ☐1*Change* ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR