2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

429 QUEBEC AVE

DELEON SPRINGS FL 32130

DOCUMENT # P01000004029

1. Entity Name

429 OUEBEC AVE

Principal Place of Business

DELEON SPRINGS FL 32130

BIG BOB'S SEWER AND DRAIN CLEANING, INC.



FILED Mar 17, 2003 8:00 am § Secretary of State

03-17-2003 91067 002 ***150.00

A CONTRACTOR	
	A THIRLEGAL BALL HALL AND ALBERT HANDE BAREL AREA AREA HAND HAND BALL AND

Principal Place of Business Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4.	4. FE! Number 59-3692645 Applied For Net Applied				
7 in	L Courter	77	77.2				39 3092043			Not Applicable	
Zip Country			Zip Cou		5. Certificate of Status Desired			\$8.75 Additional Fee Required			
	6. Name and Address of Curre	ent Register	ed Agent			7. (Name and Address of New Registe	red Ag	jent		
· · · · · · · · · · · · · · · · · · ·					Name	Name					
HEILBORN, ROBERT W					Street Address (P.O. Box Number is Not Acceptable)						
429 QUEE	BEC AVE				otroct / durinos (1.0. Box Normost in Not / Geophanic)						
DELEON S	SPRINGS FL 32130										
					City			FL	Zip Co	de	
8. The above	e named entity submits this statemen	it for the nurr	nose of changing its	s register	l ed office or regi	istered an			niliar with	and accont	
the obliga	tions of registered agent.	ir ior ino porp	ooo or oneriging is	o rogistore	sa office of regi	istorea ag	pent, or boar, in the state of horida.	anna	TITLICAL VALUE	i, and accept	
0.0	*** <u>*</u>									i	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if app	olicable. (NO	TE: Registere	d Agent signature rec	quired when re	einstating) D	ATE			
F	FILE NOW!!! FEE IS \$150.00					-	ļ ··				
After May 1, 2003 Fee will be \$550.00							9. Election Campaign Financing			00 May Be	
Make, Chec	k Payable to Florida Departmen	t of State					Trust Fund Contribution.	Ц	Adde	ed to Fees	
10.	OFFICERS AI	ND DIRECTO	RS	11.		AD	DDITIONS/CHANGES TO OFFICERS	AND C	IRECTO	RS IN 11	
TITLE	D		☐ Delete	TITLE				[Change	☐ Addition	
NAME	HEILBORN, ROBERT W			. NAMI	E						
STREET ADDRESS	429 QUEBEC AVE				ET ADDRESS						
CITY-ST-ZIP	DELEON SPRINGS FL 32130			CITY	-ST-ZIP						
TITLE	V		Delete	TITLE			,		Change	☐ Addition	
NAME STREET ADDRESS	HEILBORN, CHRISTOPHER			NAM	ET ADDRESS					ì	
CITY-ST-ZIP	429 QUEBEC AVE DELEON SPRINGS FL 32130				-ST-ZIP					ļ	
TITLE	S		☐ Delete	TITLE					T Chanca	- Addition	
NAME	HEILBORN, CAROLYN L	~~~	Delete	NAME	ويعجوا مجمدت س		ميد در دي پوه و بيده استهيين الخيف	-	Change	☐ Addition	
STREET ADDRESS	429 QUEBEC AVE			STRE	ET ADDRESS						
CITY-ST-ZIP	DELEON SPRINGS FL 32130			CITY-	-ST-ZIP		and a second				
TITLE	T		☐ Delete	TITLE					Change	☐ Addition	
NAME	MULLEN, KENNETH W			NAME						İ	
STREET ADDRESS CITY-ST-ZIP	621 LAKE PEARL DRIVE				ET ADDRESS						
	LAKE HELLEN FL 32744			_	ST-ZIP						
TITLE NAME		•	Delete	TITLE NAME				Č	_ Change	Addition	
STREET ADDRESS					ET ADORESS						
CITY-ST-ZIP					ST-ZIP						
TITLE		1120	☐ Delete	TITLE				—_г	Change	Addition	
NAME				NAME				-		_ / .54110/1	
STREET ADDRESS				STREE	T ADDRESS						
CITY-ST-ZIP				CITY~	ST-ZIP					ŀ	

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 607, 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.

Robert w Heilbarn 3-10-03 386 985 0720