4/10/02-90446-001-$150.00-$150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR 24 PM 4:21

B0064201

DOCUMENT # P0 100 000 4627

1. Entity Name: C.P. plumbing Incorporated

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Orlando (Post Box)	7226 West Colonial Drive
Suite, Apt. #, etc.: 7226 West Colonial Drive #280	Suite, Apt. #, etc.: # 280
City & State: Orlando, Florida	City & State: Orlando, Florida
Zip: 32818-673 Country: USA	Zip: 32818-6731 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: [redacted] ☑ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Craig Polley

Street Address (P.O. Box Number is Not Acceptable): 7240 Westpointe Blvd #1111

City: Orlando FL Zip Code: 32835

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: Tracy Jane Polley (Tpolley) DATE: 3/28/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

→ **January 1 - May 1 Fee is $150.00**
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	OPST
NAME	Craig Polley
STREET ADDRESS	7248 Westpointe Blvd #1111
CITY-ST-ZIP	Orlando, FL. 32835
TITLE	ON
NAME	Tracy J. Polley
STREET ADDRESS	7240 westpointe Blvd #1111
CITY-ST-ZIP	orlando, FL. 32835
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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

SIGNATURE: Tpolley 3/28/02 (407)296 0694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #