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

DOCUMENT # P01000033253

1. Entity Name

Edgewater Plumbing, Inc.



May 01, 2003 8:00 am Secretary of State 05-01-2003 90997 043 ***150.00

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2. Principal P			3. Mailing Address	hard Road			
382	2/ Kich	nard Road		nard Road			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPA	CE
City & State			City & State		4.	FEI Number	Applied For
		ers, FL	N. Ft. My	yers, FL		65-1090021	Not Applicable
Zip 339	903	Country USA	^{Zip} 33903	Country USA	5.	Certificate of Status Desired	1.75 Additional Required
	······································		A CONTRACT CONTRACT	encount who are	7. N	ame and Address of Current Registered Ag	jent
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State of the state							
*1				City	I. Ft.	Myers, FL	^{Zig Code} 03
8. The above	named entity	submits this statement for	r the purpose of changing i			gent, or both, in the State of Florida. I am famil	liar with, and accept
the obligat	tions of registe	ered agent.					
		4					
SIGNATURE .	Signature typed of	or printed name of registered agent a	and title if applicable (NC	OTE: Registered Agent signatu	re required when r	reinstating) DATE	<u> </u>
		y 1 Fee is \$150.00		-			
	After May 1	Fee is \$550.00				9. Election Campaign Financing	\$5.00 May Be
Make Charle		UBR is \$61.25				Trust Fund Contribution	
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	Payable to	Florida Department of	and the second second			itest Fund Contribution.	Added to rees
10.		Florida Department of OFFICERS AND	and the second second	TIFLE		Trust Fund Contribution.	Added to Fees
10. TITLE	PTSD	OFFICERS AND	and the second second	TITLE NAME		Trust Fund Contribution.	Added to Fees
10. TITLE NAME	PTSD David	OFFICERS AND	DIRECTORS	TITLE NAME STREET ADDRESS		Trust Fund Contribution.	Added to rees
10. TITLE	PTSD David	OFFICERS AND 1 Soto Richard Roa	DIRECTORS	NAME		ITUST FUND CONTINUUM.	Added to Fees
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP	PTSD David	OFFICERS AND	DIRECTORS	NAME STREET ADDRESS CITY-ST-ZIP		Trust Fund Contribution.	Added to Fees
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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 equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all effect of the empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR