

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90997 043 \*\*\*150.00

DOCUMENT # P01000033253

1. Entity Name

Edgewater Plumbing, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3827 Richard Road

Suite, Apt. #, etc.

3. Mailing Address

3827 Richard Road

Suite, Apt. #, etc.

City & State

N. Ft. Myers, FL

City & State

N. Ft. Myers, FL

4. FEI Number

65-1090021

Applied For

Not Applicable

Zip

33903

Country

USA

Zip

33903

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name

David Soto

Street Address (P.O. Box Number is Not Acceptable)

3827 Richard Road

City

N. Ft. Myers,

FL

Zip Code

33903

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE

PTSD

NAME

David Soto

STREET ADDRESS

3827 Richard Road

CITY-ST-ZIP

N. Ft. Myers, FL 33903

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE:

*David Soto*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Soto

Date

4-28-03

Daytime Phone #

239-656-2626

CR2E034B (12/02)