

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90096 005 \*\*\*150.00

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

DOCUMENT # P01000049447

1. Entity Name

Thomas Plumbing Service, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

310 Kilmer Avenue

Suite, Apt. #, etc.

3. Mailing Address

310 Kilmer Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Clearwater, FL

City & State Clearwater, FL

4. FEI Number 59-3709657

Applied For

Not Applicable

Zip 33756

Country USA

Zip 33756

Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Michael K. McFadden

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

200 Clearwater-Largo Road South

City Largo

FL

Zip Code 33770

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

*Michael K. McFadden*

Michael K. McFadden

4-26-02

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 \$6125

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTSD  
Owen Thomas  
310 Kilmer Avenue  
Clearwater, Florida 33756

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Richard N. Evans DELETE  
1109 Woodcrest Avenue  
Clearwater, Florida 33756

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Scott A. Evans DELETE  
1247 Oakview Avenue  
Clearwater, Florida 33756

TITLE  
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STREET ADDRESS  
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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:

*Owen Thomas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Owen Thomas

Date 4-26-02 (137) 531-9100

CR2E034B (12/01)