MAY.31.2002 9:57AM COSTELLO SIMS & ROYSTON

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91207 046 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000060536

1. Entity Name: A AllSTAR Plumbing Corp of SW FLA.

DO NOT WRITE IN THIS SPACE

B0124503

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 6431 Topaz Ct
Suite, Apt #, etc
City & State: FT Myers FL.
Zip: 33912
Country: Lee Co.

3. Mailing Address: 6431 Topaz Ct.
Suite, Apt. #, etc
City & State: FT. Myers Fl.
Zip: 33912
Country: Lee Co

4. FEI Number: 65-1115281 — Applied For / Not Applicable

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: Ronald L. Rice
Street Address (P.O. Box Number is Not Acceptable): 6431 Topaz COURT
City: FT. Myers FL Zip Code: 33912

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 [signature] DATE 5-31-02

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Ronald L Rice 12301 Cannon Ln Ft myers Fl. 33912	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Deborah L. Gomes 3333 Whidden Loop Immokalee Fl. 34142	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secertary Tria Rice 12301 Cannon Lane Ft myers Fl. 33912	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tresuary Terry L. Gomes 3333 Whidden Loop Rd Immokalee Fl. 34142	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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: [signature] 5-31-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #