

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

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90429 018 \*\*\*150.00

DOCUMENT # PO1000120446 ✓

1. Entity Name

All In One Plumbing & Gas, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

337 N. Hwy 27

Suite, Apt. #, etc.

3. Mailing Address

811 High Pointe Circle

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Clermont FL

City & State

Clermont, FL

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

34711

Country

Zip

34711

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Gregory D. Boisvert

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

811 High Pointe Circle

City Clermont

FL

Zip Code

34711

**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.

SIGNATURE

Greg Boisvert

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

(NOTE: Registered Agent signature required when reinstating)

4.30.02

DATE

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 PIT/S  
NAME Gregory D. Boisvert  
STREET ADDRESS 811 High Pointe Circle  
CITY - ST - ZIP Clermont, FL 34711

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE V  
NAME Rodney Palmer  
STREET ADDRESS 337 N. Hwy 27  
CITY - ST - ZIP Clermont, FL 34711

TITLE  
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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:

Greg Boisvert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.30.02

Date

352-267-2077

Daytime Phone #

CR2E034B (12/01)