

FILED
May 30, 2003 8:00 am
Secretary of State

05-05-2003 91156 044 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

5/5

DOCUMENT # P02000019404

1. Entity Name
HPI PLUMBING INC.



Principal Place of Business
5035 NATICA LAKE CIRCLE
GREENACRES FL 33483

Mailing Address
5035 NATICA LAKE CIRCLE
GREENACRES FL 33483

55044908



2. Principal Place of Business

1027 N. Florida Mango Rd.

Suite, Apt. #, etc.

Suite 1

City & State

West Palm Beach, FL.

Zip

33409

Country

Palm Beach

3. Mailing Address

1027 N. Florida Mango Rd.

Suite, Apt. #, etc.

Suite 1

City & State

West Palm Bch, FL.

Zip

33409

Country

U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

500003099

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name Glenroy A. Hessing

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

1027 N. Fla Mango Rd.

Suite 1

City

West Palm Bch

FL

Zip Code

33409

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

Glenroy A. Hessing

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

(NOTE: Registered Agent signature required when reinstating)

4-29-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Glenroy A. Hessing
STREET ADDRESS 1027 N. Fla. Mango Rd., Ste. 1
CITY-ST-ZIP WPB, FL 33409

☐ Delete

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☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Glenroy A. Hessing

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date

561-478-8600

Daytime Phone #

CR2034 (10/02)