

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90177 048 ***158.75

DOCUMENT # P02000025000

1. Entity Name
PLUMBER ON DUTY, INC.



Principal Place of Business
2730 W. 63RD PLACE #104
HIALEAH FL 33016

Mailing Address
2730 W. 63RD PLACE #104
HIALEAH FL 33016

2. Principal Place of Business
7880 W 20 AVE.
Suite: Apt. #, etc.
B-28

3. Mailing Address
7880 W 20 AVE.
Suite: Apt. #, etc.
B-28

City & State
HIALEAH FL
Zip
33016
Country
U.S.A.

City & State
HIALEAH FL
Zip
33016
Country
U.S.A.

4. FEI Number
45-0468061

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SEQUEIRA, BAYARDO
2730 W. 63RD PLACE #104
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SEQUEIRA, BAYARDO**
STREET ADDRESS **2730 W. 63RD PLACE #104**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition
NAME **SEQUEIRA, BAYARDO**
STREET ADDRESS **2730 W 63 PLACE # 104**
CITY-ST-ZIP **HIALEAH, FL. 33016**

TITLE **V** ☐ Change ☐ Addition
NAME **SALES, JORGE**
STREET ADDRESS **531 PLOVER AVE.**
CITY-ST-ZIP **MIAMI SPRING, FL 33166**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **BAYARDO J. SEQUEIRA** **2/28/2002** **(305) 819-5898**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)