2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000039636 **DOCUMENT#** 03-24-2003 90160 005 ***150.00 1. Entity Name PLUMBING WORKFORCE OF AMERICA, INC. Mailing Address Principal Place of Business 1040 BAYVIEW OR SUITE 415 1040 BAYVIEW DR SUITE 415 FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent CHACE A1A CORPORATE SERVICES INC. 218 SOUTHERN COUNTRY LANE QUINCY FL 32351 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 Michael W Hadle FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VICE PRESIDENT TITLE TITLE Delete ☐ Addition HADLEY, MICHAEL J HADLEY MICHAEL J 1040 BAYVIEW DK STE 415 NAME NAME STREET ADDRESS 1040 BAYVIEW DR SUITE 415 STREET ADDRESS FT LAUDERDALE FL 33304 CITY-ST-ZIP CITY-ST-ZIP FT LAND FL 3330Y RESIDENT TITLE Delete TITLE HADLEY, CYNTHIA R NAME NAME STREET ADDRESS 1040 BAYVIEW DR SUITE 415 STREET ADDRESS 040 BAYVIEW OR FT LAUDERDALE FL 33304 CITY-ST-ZIP LAUD, EL TITLE Delete DDE Change ☐ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

12. Thereby certify that the information supplied with this filling 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 eath; 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

MANUTURE NOTE OF NOTE OF NOTE OF STATE OF STATE AND CEY 3/20/03 95456316

FILED Apr 07, 2003 8:00 am Secretary of State