

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90172 012 ***150.00

DOCUMENT # P02000061666



1. Entity Name
AT YOUR SERVICE PLUMBING, INC.

Principal Place of Business
**226 S.E. 23RD AVENUE
BOYNTON BEACH FL 33435**

Mailing Address
**226 S.E. 23RD AVENUE
BOYNTON BEACH FL 33435**



2. Principal Place of Business
5054 Pine Tree Dr
Suite, Apt. #, etc.

3. Mailing Address
5054 Pine Tree Dr
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Delray Beach
Zip
33484

Country

City & State
Delray Beach FL
Zip
33484

Country

4. FEI Number
02-0610471

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

**GRIFFIN, SEAN
226 S.E. 23RD AVENUE
BOYNTON BEACH FL 33435**

Name
Sean Griffin
Street Address (P.O. Box Number is Not Acceptable)
5054 Pine Tree Dr
City
Delray Beach FL Zip Code
33484

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/03

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	D	<input type="checkbox"/> Delete
NAME	HILL, GILBERT C	
STREET ADDRESS	226 S.E. 23RD AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFIN, SEAN	
STREET ADDRESS	5054 PINETREE DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 19.07(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:

SIGNATURE REQUIRED
[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03
Date

561.756.5868
Daytime Phone #

CR2E034 (10/02)