2003 FOR PROFIT CORPORATION

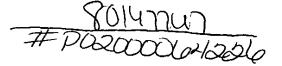
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)							Sep 12, 2003 8:00 am Secretary of State			
DOCUMENT # P02000064226							09-12-2003 90100 004 ***150.00			
1. Entity Nam A & E'S I	neighborhood Plumb	ERS, INC	(2)-				09-12-2003 90100 0	·04 ****150.	00	
Principal Place of Business 3107 WIGGINS LANE CANTONMENT FL 32533		3107 WIG	Mailing Address 3107 WIGGINS LANE CANTONMENT FL 32533							
2. Principal P	Place of Business	3. Mailing	Address			-				
Suite, Apt.	#, etc.	Suite, Ap	t. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Stat	е	City & St	City & State			4. FE	Number (053)	<u> </u>	plied For at Applicable	
Zip Country		Zip	Zip		Country		ertificate of Status Desired	\$8.75 Add	litional	
	0. Name and Address of Curre	nt Registered At	ient			7. Na	me and Address of New Registered	Fee Require		
					Name					
JOYNER, CARLE 3107 WIGGINS LANE				<u> </u>	Street Address (P.O. Box Number is Not Acceptable)					
CANTON	MENT FL 32533] -	Oth.			■ Zip Code		
					City		F	<u> </u>		
The above the obligat	named entity submits this statement ions of registered agent.	for the purpose of	of changing its	registere	d office or register	red ager	nt, or both, in the State of Florida. I am	n familiar with,	and accept	
,	will how	er	Carl	= Ju	runer		alalna			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable	. (NOTE	: Registered	Agent signature requirer	d when reins	stating) DATE			
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$7 c Payable to Florida Department			*			Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees	
10.		D DIRECTORS		11.		ADD	ITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR:	S IN 11	
TITLE	D		☐ Delete	TITLE				☐ Change	Addition	
NAME	JOYNER, CARLE 3107 WIGGINS LANE			NAME	4.					
STREET ADDRESS CITY-ST-ZIP	CANTONMENT FL 32533			CITY-:	T ADDRESS ST-ZIP				ì	
TITLE :	D		☐ Delete	TITLE				☐ Change	Addition	
NAME .	JOYNER, LINDA			NAME				_ ,	-	
STREET ADDRESS CITY-ST-ZIP	3107 WIGGINS LANE CANTONMENT FL 32533			STREE CITY-S	T ADDRESS					
TITLE"		معد کامد،چین پ	Delete =	4				Change	Addition	
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CITY-ST-ZIP				CITY-S	ST-ZIP					
TITLE			Delete	TITLE				☐ Change	☐ Addition	
name Street address				NAME STREE	T ADDRESS				İ	
CITY-ST-ZIP			•	CITY-S	-					
TITLE			☐ Delete	TITLE				☐ Change	Addition	
NAME				NAME					}	
STREET ADDRESS CITY-ST-ZIP				STREET CITY-S	T ADDRESS ST-ZIP					
TITLE	<u> </u>		☐ Delete	TITLE				☐ Change	Addition	
NAME			Dollis	NAME				Shange		
STREET ADDRESS				1	ADDRESS				{	
JULY - ST- 71P 1				CITY_S	a . 7P 1				l l	

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR

12. 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.

Ottachment



Division Of Corporations UBR Filings PO Box 1500 Tallahassee, FL 32302-1500

Dear Sirs:

We are a new business and was not aware that there was an annual filing. This is the first notice that we have received and would like the late fee waived.

I am now aware that this must be filed annually and will not let this happen again.

Thank you for your help,

Linda Joyner

A & E's Neighborhood Plumber, Inc.