09-08-2003 90318 045 ***150.00

FILED Sep 08, 2003 8:00 am Secretary of State

FIRST CC	DAST QUALITY PLUMBING						
Principal Place of Business 2756 LEM TURNER RD. CALLAHAN FL 32011		Mailing Address 2756 LEM TURNER RD. CALLAHAN FL 32011			701110	U U	
2. Principal P	Place of Business 664 Lem Twner 10	3. Mailing Address	Time	2.1	1 (06 11 45) (11 06 10 11 01) 61 011 06 111 06 311 3 1	} 	
Suite, Apt. #, etc.		540664 Lem Turner Rd Suite, Apt. #, etc.		CHECK HERE IF MAKI	NG CHANGES		
City & State		City & State					
CAL	lahan FL	CATTAHAN	F1 320	11	4. FEI Number 02-0033 913		pplied For ot Applicable
Zip 320	OII USA	7ip 37011	Country		5. Certificate of Status Desired	\$8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registers		
RICKETSON, COREY A				Name SAMe			
	TURNER RD.			ddress (P.0	O. Box Number is Not Acceptable)		
	N FL 32011		<u> </u>		1 Lem TOTTICE TO		
	:		City	011.	ahan F	Zip Cod	
8. The above the obligati	named entity submits this statement for	r the purpose of changing its re	egistered office or	registered	MAN d agent, or both, in the State of Florida. I a	- 1 5 6	and accept
SIGNATURE .	•						l
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: I	Registered Agent signat	ire required wh	hen reinstating) DATI		
After Sep	ILE NOW!!! FEE IS \$550.00 otember 10, 2003' Fee will be \$750 t Payable to Florida Department of				9. Election Campaign Financing Trust Fund Contribution.		00 May Be of to Fees
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR:	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICKETSON, COREY A 2756 LEM TURNER RD CALLAHAN FL 32011	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	5AM 540 5AV	664 Lem Turner rd	E Change	☐ Addition
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>			
TITLE	The second secon	☐ Delete	THILE	·	The second section of the section of the section of the second section of the section of t	- Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		Delete	TITLE NAME			Change	Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE NAME		☐ Delete	TITLE			Change	Addition
STREET ADDRESS			NAME Street Address				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			i name Street address				j
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby c indicated	ertify that the information supplied with on this report or supplemental report is	this filing does not qualify for the	ne exemption stat	ed in Secti ave the sar	ion 119.07(3)(i), Florida Statutes. I further ome legal effect as if made under oath; that	ertify that the in	nformation or director

of the corporation or the receiver of fustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmen with an address, with all other live expowered.

SIGNATURE:

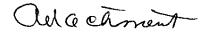
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

1. Entity Name

P02000068073

904-626-9927



First Coast Quality Plumbing & Tile Inc.

State Certified Plumbing Contractor CFC#1425796

840664 lem Turner rd. Callahan Fl. 32011

Phone: 904-879-9703 Fax: 904-879-9703

To whom it may concern:

As president of this company I hearby confirm that this is the first notice we have received about the uniform business report. If you have any questions please call me at 904-626-9927.

Thank you Corey Ricketson