

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

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90135 017 \*\*\*150.00

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AV

DOCUMENT # P02000102447



1. Entity Name  
GOLDEN PLUMBING, INC.

Principal Place of Business  
251 LOON LANE  
NAPLES FL 34114

Mailing Address  
251 LOON LANE  
NAPLES FL 34114



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0745377

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SPIEGEL & UTRERA, P.A.~~  
~~1840 SW 22ND ST.~~  
~~4TH FLOOR~~  
~~MIAMI FL 33145~~

Name  
~~Timothy Burkett~~  
Street Address (P.O. Box Number is Not Acceptable)  
251 Loon Lane

City  
Naples

FL

Zip Code  
34114

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-03

**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	PD	<input type="checkbox"/> Delete
NAME	BURKETT, TIMOTHY	
STREET ADDRESS	251 LOON LANE	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BURKETT, RAMONA	
STREET ADDRESS	251 LOON LANE	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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CITY-ST-ZIP		
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 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: *Timothy F. Burkett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 04-05-03  
DAYTIME PHONE #: 239-290-9598

CR2E034 (10/02)