## FOR PROFIT CORPORATION

## FILED Jun 16, 2004 8:00 am Secretary of State

1. Entity Name	ain Doctor's	Inc. 1				06-16-2004 90013 0	26 ***150.00	
DO NOT WRITE IN THIS SPACE					54057652			
2. Principal Place of Business  SOUS W. Linebargh AVE  Suite, Apt. #, etc.  S+e, S-1  Suite, Apt. #, etc.				baugh Ave		DO NOT WRITE IN THIS SPACE		
City & State City & State			7		4. FEI Number Applied For Not Applied by Not Applied For			
Zip 336	3624 Country Zip 33624		Country	Country		ertificate of Status Desired	.75 Additional	
	- 1				7. Nan	ne and Address of Current Registered A		
DO NOT WRITE IN THIS SPACE				Street Address (P.O. Box Number is Not Acceptable)  Song W. L. in sharph Av 4				
					im,		Zip Code 344	
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 of Signature of Registered agent and tate of applicable.  (NOTE: Registered Agent eignature required when reinstating)  DATE								
i Aft	ry 1 - May 1 Fee is \$150.00 er May 1, Fee is \$550.00 mended UBR is \$61.25 yable to Florida Department of S	State			,	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND D	DIRECTORS						
THE PERSONS  President  Frances  Lineburgh Ave Ste. 54  Tange, ft 33604  Wice President			NAME STREET CITY-ST	ADORESS 1-ZIP				
MANE Brad-Kalls- STREET ADDRESS SCOR W. Linebough Ave Ste, 54 CITY-ST-ZIP Tampa FL 33624			NAME STREET	ADDRESS 1-71P				
TITLE NAME STREET ADDRESS CITY-SI-ZIP				ADDRESS	DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET CITY-ST	ADDRESS		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET CITY-ST	ADDRESS 1-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET CITY-SI	ADORESS 1-21P				
12. I hereby 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 supplier intal report is true and adcurate 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 receive for trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, withvall other like empowered.  SIGNATURE:								

Machinent 540574

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Drain Doctors, Inc. 5008 W. Linebaugh Ave. Ste. 54 Tampa, Fl 33624

Division of Corporations 409 East Gaines Street Tallahasee, FL

TO: Division of Corporations FROM: Drain Doctors Inc. RE: UBR Report 2004

I am writing this letter due to the late submission of Drain Doctors Inc.'s UBR Report, due May 1, 2004. We are filing late due to the fact that we never received the UBR Report in the mail. The owner of Drain Doctor, Inc., Ryan Pelky, corresponded with his accountant and was advised to call the state to get the late fee waived. I spoke with a representative at the Division of Corporations and was advised to write this letter to send along with our completed UBR Report. She stated that the UBR report was sent to an address on Himes, which is no longer our business address. We are now located at 5008 W. Linebaugh Ave., Tampa, FL 33624. If you could change this in your records we would greatly appreciate. Enclosed is the UBR report and the \$150.00 filing fee. I have stated Ryan Pelky as the registered agent, I am unsure if he filed for all of the original incorporation documents or if he had an agent do it. If the registered agent should be otherwise please let me know by calling me at 813-961-7808. Thank you for you cooperation in this matter.

Best Regards,

Tanya Gaylord

Office Manager

Drain Doctors, Inc. ---

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