

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

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90011 045 \*\*\*150.00

DOCUMENT # PC7000079376

1. Entity Name

Trademark Plumbing Inc.



**DO NOT WRITE IN THIS SPACE**

**40101256**

2. Principal Place of Business

3141 SW Esperanto St

3. Mailing Address

3141 SW Esperanto St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Port St Lucie, FL

City & State

Port St Lucie, FL

4. FEI Number

24-0521236

Applied For

☐ Not Applicable

Zip

Country

34953

U.S.

Zip

Country

34953

U.S.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Kara Rice

Street Address (P.O. Box Number is Not Acceptable)

3141 SW Esperanto St

City

PSL

FL

Zip Code

34953

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

Kara Rice

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-08

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
Tony Rice Jr  
3141 SW Esperanto St  
Port St Lucie FL 34953

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V/T/S  
Kara Rice  
3141 SW Esperanto St  
Port St Lucie FL 34953

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IN THIS SPACE**

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kara Rice, Kara Rice

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/08 772-879-4425

Date Daytime Phone #