

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000004210

Entity Name: 911 PLUMBING & DRAIN CLEANING, INC.

FILED
Oct 27, 2009
Secretary of State

Current Principal Place of Business:

3612 NW 97 BLVD.
GAINESVILLE, FL 32606

New Principal Place of Business:

7627 WEST NEWBERRY ROAD
SUITE #A
GAINESVILLE, FL 32606

Current Mailing Address:

3612 NW 97 BLVD.
GAINESVILLE, FL 32606

New Mailing Address:

P.O. BOX 357085
GAINESVILLE, FL 32635

FEI Number: 26-1530765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WADE, CHRISTINA F
2034 SW 76 TERRACE
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

WADE, CHRISTINA F
7627 WEST NEWBERRY ROAD
SUITE #A
GAINESVILLE, FL 32606 US

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.

SIGNATURE: CHRISTINA F WADE

10/27/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WADE, CHRISTINA F
Address: 2034 SW 76 TERRACE
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: WADE, ARTHUR C JR
Address: 2034 SW 76 TERRACE
City-St-Zip: GAINESVILLE, FL 32607

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP T (X) Change () Addition
Name: WADE, CHRISTINA F
Address: 7627 WEST NEWBERRY ROAD # A
City-St-Zip: GAINESVILLE, FL 32606

Title: P (X) Change () Addition
Name: WADE, ARTHUR C JR
Address: 7627 WEST NEWBERRY ROAD # A
City-St-Zip: GAINESVILLE, FL 32607

Title: S () Change (X) Addition
Name: RODEN, SYLVIA H
Address: 7627 WEST NEWBERRY ROAD # A
City-St-Zip: GAINESVILLE, FL 32606

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINA F WADE

VP

10/27/2009

Electronic Signature of Signing Officer or Director

Date