2000 UNIFORM BUSINESS REPORT (UBR)

Jun 30, 2000 8:00 am DOCUMENT # p93000006448 **Secretary of State** 06-30-2000 90005 049 ***550.00 EGGLESTON PLUMBING, Principal Place of Business Mailing Address 3791 NE 11th Ave 3791 NE 11th Ave Pompano Beach, FL Pompano Beach, FL 1006636233064 33064 2. Principal Place of Business 204 East McNab Road 3. Mailing Address 204 East McNab Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State Pompano Beach, Pompano Beach, 65-0385120 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33060 USA 33060 USA Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Robert Eggleston Street Address (P.O. Box Number is Not Acceptable) 204 East McNab Road EGGLESTON, NANCY 3791 NE 11th Avenue Pompano Beach, FL 33064 Zip Code 3 3 0 6 0 Pompano Beach 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ΠTLE Change TITLE NAME Nancy Eggleston NAME STREET ADDRESS STREET ADDRESS 2800 NE 14th St. Causeway CITY - ST - ZIP CITY - ST - ZIP Pompano Beach, FL 33062 X Addition TITLE ΠTIF NAME NAME Robert Eggleston STREET ADDRESS STREET ADDRESS 204 E. McNab Road CITY - ST - ZIP CITY - ST - ZIP Pompano Beach, FL 33060 ππε TITLE NAME Brent Eggleston STREET ADDRESS 19670 Eureka Road STREET ADDRESS CITY - ST - ZIP Boca Raton, FL 33428 CITY - ST - ZIP Addition TITLE Change MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Addition TITLE Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STF FL32381F.1