2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000038645 ARTO'S SEWER & DRAIN PLUMBLING CO., INC. Principal Place of Business Mailing Address 1010 W HERNANDEZ W HERNANDEZ PENSACOLA FL 32501-1944 PENSACOLA FL 32501-3053 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Zip Country 6. Name and Address of Current Registered Agent Name PRYOR, ARTO JR Street Address (P.C 700 S. 72ND AVENUE PENSACOLA FL 32506 City

11.

TITLE

TITLE

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

May 01, 2000 8:00 am Secretary of State

05-01-2000 90054 024 ***150.00

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Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State			City & State			4.	FEI Number 59-3180160 Applied For Not Applied be		
Zip Country			Zip	Zip Country		5. (Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name	and Address of Current	Registered Agent	·		7. 1	Name and Address of New Registered Agent		
					Name		·		
PRYOR, ARTO JR 700 S. 72ND AVENUE					Street Address (P.O. Box Number is Not Acceptable)				
#A									
PENSACOLA FL 32506					City	•	FL Zip Code		
8. The above	e named entit	y submits this statement for	r the purpose of changing its	s regist	ered office or re	gistered ag	gent, or both, in the State of Florida.		
		•				-			
SIGNATURE									
	Signature, typed	or printed name of registered agent a	and title if applicable (NO	TE: Regist	ered Agent signature r	required when re	einstating) DATE		
	ible to satisfy its Intangible and elects to do so.	After MAY 1, 2	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			10. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees			
11,		OFFICERS AND		1			DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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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 an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

FED NAME OF SIGNING OFFICER OR DIRECTOR