2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000075968

1. Entity Name
Plumbing,
Mastercare Plbg Inc

Amended Report

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUL -5 AM 11:00

Principal Place of Business
1178 Sunlight Ct
St Cloud, FL 34771

Mailing Address

2. Principal Place of Business	3. Mailing Address
1178 Sunlight Ct	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St Cloud FL	City & State
Zip: 34771 Country: Osceola	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3213628 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Allred, Donna L
1178 Sunlight Ct
St Cloud FL
34771

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Allred, Michael 4829 Cypress Creek Ranch Rd St Cloud, FL 34771 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Allred, Donna 1178 Sunlight Ct St Cloud FL 34771 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Allred, Paula 1178 Sunlight Ct St Cloud FL 34771 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900004475349 -07/13/01--01103--011 *****61.25 *****61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: Donna Allred 5/3/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #