2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #**

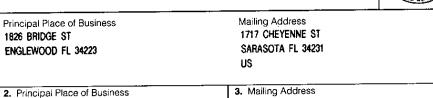
P93000088261

1. Entity Name

KAELIN PLUMBING, INC.



Suite, Apt. #, etc.



Suite, Apt. #, etc.

FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90120 047 ***150.00



☐ CHECK HERE IF MAKING CHANGES

Applied For 4. FEI Number City & State City & State 65-0457307 Not Applicable 7in Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П 7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

KAELIN, DAVID L SR 1826 BRIDGE ST **ENGLEWOOD FL 34223**

Name							
	_	_		 		 _	

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

City

Zip Code

3.	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.	

SIGNAL PRE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Addition TITLE ☐ Delete TITLE D

STREET ADDRESS	1826 BRIDGE ST ENGLEWOOD FL 34223		STREET ADDRESS CITY-ST-ZIP			. 1		·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS _CITY_ST-ZIP _	، مے ساہم		·	was produced that the	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			·		☐ Change	Addition	
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	☐ Addition	

STREET ADDRESS CITY-ST-ZIP

> ☐ Delete STREET ADDRESS

CITY-ST-ZIE ☐ Delete TITLE

> NAME STREET ADDRESS CITY-ST-ZIP

☐ Change Addition

☐ Change Addition

CITY-ST-ZIP 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 Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

3-10-03