2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90064 016 ***150.00

DOCUMENT # P94000008019

1. Entity Name
TEMPLES PLUMBING & UTILITIES, INC.

Principal Place of Business	Mailing Address
2700-2 POWERMILL CT TALLAHASSEE FL 32301 US	P.O. BOX 13446 TALLAHASSEE FL 32317

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3228197 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TEMPLES, GREG A
1202 REDFIELD ROAD
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

Name: GReg A. Templ e s
Street Address (P.O. Box Number is Not Acceptable): 1198 Walden Rd.
City: Tallahassee **FL** Zip Code: 32317

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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 TEMPLES, GREG A 1202 REDFIELD RD. TALLAHASSEE FL 32311	☐ Delete	P GReg A. Templ e s 1198 Walden Rd. Tallahassee, Fl. 32317	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TEMPLES, SUSAN 1202 REDFIELD RD. TALLAHASSEE FL 32311	☐ Delete	VP Susan Templ e s 1198 walden Rd Tallahassee, Fl. 32317	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

'CR2E034 (9/01)

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: GReg A. Templ e s President 4-4-02 850-671-1818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #