FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 14, 2002 8:00 am DOCUMENT # P94000012225 Secretary of State 1. Entity Name 02-14-2002 90003 032 \*\*\*150 00 CONNERTON PLUMBING & FIRE PROTECTION, INC. Principal Place of Business Mailing Address 5686 YOUNGQUIST ROAD 5686 YOUNGQUIST ROAD FT. MYERS FL 33912 FT. MYERS FL 33912 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0471542 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CONNERTON, ANN M Street Address (P.O. Box Number is Not Acceptable) 18277 POPLAR RD. S.E. FT. MYERS FL 33912 City Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 11. 12 ☐ Addition TITLE ☐ Delete Change NAME NAME CONNERTON, CALVIN C STREET ADDRESS STREET ADDRESS 18277 POPLAR ROAD CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL TITLE Change ☐ Addition ☐ Delete TITLE TVP NAME NAME CONNERTON, ANN STREET ADDRESS STREET ADDRESS 18277 POPLAR RD CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33912 ☐ Change ☐ Addition ☐ Delete TITLE CO0 NAME NAME WATTS, JAMES D STREET ADDRESS STREET ADDRESS 1727 MARINA TERRACE CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33917 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann M. Connerton

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 precipite this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if