2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P94000023202

1. Entity Name

A-1 PLUMBING, INC...



FILED Jan 22, 2003 8:00 am Secretary of State

01-22-2003 90141 023 ***150.00

Principal Place of Business 232 HOLLAND ST CRESTVIEW FL 32536 US 2. Principal Place of Business			232 HO	Mailing Address 232 HOLLAND ST. CRESTVIEW FL 32536 US 3. Mailing Address			ļ						
			3. Mailin						ii deiii ddi	11 58 110 11 80 1			
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						
City & State			City &	City & State			4. FEI Number 59-3231579				oplied For ot Applicable		
Zip Country			Zip				5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name	and Address of Curre	nt Registered	Agent		<u> </u>	7.⊾Nar	ne and Address of Ne	w Regis	tered Age	nt		
						Name							
NELSON, JOHN C				Street Address			(PO Box	Number is Not Accepta	ahla)				-
232 HOLI	land St.			3 Sheet Address			, (1.0. DOX		30107				
CRESTVI	EW FL 32536	}											1
						City				FL	Zip Cod	e	ĺ
8. The above	e named entity	submits this statement	for the purpos	e of changing its r	registered	office or regist	ered agent	, or both, in the State of	f Florida.	I am fami	liar with.	and accept	1
the obliga	itions of registe	red agent.										•	
SIGNATURE		r printed name of registered age	nt and title if applica	uble. (NOTE:	Registered A	gent signature requir	ed when rainst:	atina)		DATE			
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department o				f State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.						
10.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AN	D DIRECTORS	3	11.		ADDIT	IONS/CHANGES TO (OFFICER	S AND DIF	RECTORS	S IN 11	1
TITLE	OP	_		☐ Delete	TITLE						Change	☐ Addition	[8
NAME	NELSON, J				NAME								3
STREET ADDRESS	232 HOLLA					ADDRESS							13
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12. 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 like empowered.

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 JAN 03 (850) 689-2029
Date Date Phone #

CR2E034 (10/0