

FILED
Mar 10, 2004 8:00 am
Secretary of State

DOCUMENT # P94000062751

RICKS PLUMBING INCORPORATED



Mailing Address

7074 121ST WAY N
SEMINOLE FL 34642

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

4. FEI Number **59-3263982**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAVES, RICHARD J
7074 121ST WAY N
SEMINOLE FL 34642

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10.	OFFICERS AND DIRECTORS
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11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	D	<input type="checkbox"/> Delete
NAME	CHAVES, RICHARD	
STREET ADDRESS	7074 121ST WAY N	
CITY - ST - ZIP	SEMINOLE FL 34642	

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CHAVES, BONNIE	
STREET ADDRESS	7074 121ST WAY N.	
CITY-ST-ZIP	SEMINOLE FL 33772	

TITLE	S	<input type="checkbox"/> Deleted
NAME	CHAVES, SHARON	
STREET ADDRESS	7074 121ST WAY N.	
CITY-ST-ZIP	SEMINOLE FL 33772	

TITLE	T	<input type="checkbox"/> Deleted
NAME	CHAVES, KIMBERLY	
STREET ADDRESS	7074 121ST. WAY N.	
CITY-ST-ZIP	SEMINOLE FL 33772	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	0000000343513 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	02/10/00-00002-009 150.00
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	James Fleming		
STREET ADDRESS	10707 53rd Ave. #8		
CITY-ST-ZIP	St. Petersburg FL. 33708		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #