2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400086473 DIRTY DEEDS PLUMBING SERVICE, INC.

FILED May 01, 2001 8:00 am Secretary of State

05-01-2001 90074 011 ***150.00

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Suite, Apt. #, etc. City & State City & State City & State Country Zip 3-1117 Country 5. Certificate of Status Desired Fee Required Fee Required Fee Required Fee Required SPICER, DWIGHT 1981 DELLA DR NAPLES FL 34117 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Signature, upper or present name of reg seered agent and the rivage cube. (NOTE Registators Agent signature required when remaining) DATE 9. This corporation is eligible to satisfy its Intrangible Tax filing requirement and elects to do so. (See criteria on back) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0539373 Apr. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Total Country Zip Code (NOTE Registators Agent signature required when remaining) DATE 9. This corporation is eligible to satisfy its Intrangible Tax filing requirement and elects to do so. (See criteria on back) DATE PD After MAY 1, 2001 Fae will be \$550.00 Malke Chock Payable to Bapariment of State 10. Election Campaign Financing Trust Fund Contribution. \$5.0 Added Added Chapter Added Chapter SpiceR, DWIGHT NAME PD SPICER, DWIGHT	,
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPICER, DWIGHT 1981 DELLA DR NAPLES FL 34117 City City City 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. SIGNATURE Signature, yped or printed name of registered agent and title if app cable. (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) Make Chock Payable to Dispariment of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. Change Change Change	Applicable
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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.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-353-3350