## FILED Apr 11, 2003 8:00 am Secretary of State

P95000010862 DOCUMENT # 1. Entity Name 04-11-2003 90196 005 \*\*\*150.00 BRANT PLUMBING AND CERAMIC TILE, INC. Principal Place of Business Mailing Address 685 CHILDRE AVE 685 CHILDRE AVE TITUSVILLE FL 32796 TITUSVILLE FL 32796 US からいったとうしまってい 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 59-3301369 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRANT, JANET L Street Address (P.O. Box Number is Not Acceptable) 931 N. DIXIE AVE. TITUSVILLE FL 32796 Zip Code City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition BRANT, DAVID E NAME NAME STREET ADDRESS 931 N. DIXIE AVE. STREET ADDRESS TITUSVILLE FL 32796 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITI F Change BRANT, JANET L NAME NAME STREET ADDRESS 931 N. DIXIE AVE. STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL 32796 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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

STREET ADDRESS

STREET ADDRESS

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TITLE

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TITLE

NAME

☐ Delete

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☐ Addition