FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 15, 2001 8:00 am Secretary of State **DOCUMENT # P95000043075** 05-15-2001 90179 027 ***150.00 MARCHETTI PLUMBING, INC. AOI Mailing Address Principal Place of Business 24331 PRODUCTION CIR 24331 PRODUCTION CIR **BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135** US us 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FE! Number City & State City & State 65-0586181 Not Applicable \$8.75 Additional 7in Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARCHETTI, JULIA R Street Address (P.O. Box Number is Not Acceptable) 3940 BENNETT LANE 331 PRODUCTION **BONITA SPRINGS FL 34134** 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Flection Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Change Addition TITLE ☐ Delete TITLE 24331 PRODUCTION CIRCLE BONITA SPRINGS FL 34135 BEChange NAME MARCHETTI, MICHAEL J NAME 24331 STREET ADDRESS STREET ADDRESS 3940 BENNET LANE CITY-ST-ZIP **BONITA SPRINGS FL** CITY-ST-ZiP ☐ Delete TITLE TITLE MARCHETTI, JULIA R NAME 24331 PRODUCTION CIPCLE NAME STREET ADDRESS 3940 BENNETT LANE STREET ADDRESS CITY-ST-7IP BONITA SPRINGS FL CITY-ST-ZIP ☐ Delete TITLE TITLE NAME 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 ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7/P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR