

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90391 037 ***150.00

DOCUMENT # P95000062690	
1. Entity Name	
PBM PLUMBING INC	

DO NOT WRITE IN THIS SPACE

94077664

2. Principal Place of Business 4935 LAME PANTHER LANE Suite, Apt. #, etc.		3. Mailing Address 4935 LAME PANTHER LANE Suite, Apt. #, etc.	
City & State LOXAHATCHEE, FL		City & State LOXAHATCHEE, FL	
Zip 33470	Country USA	Zip 33470	Country USA

4. FEI Number 65-0604949	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name FLEMMING, MICHAEL	
Street Address (P.O. Box Number is Not Acceptable) 4935 LAME PANTHER LANE	
City LOXAHATCHEE	State FL
Zip Code 33470	

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PES FLEMMING, MICHAEL 4935 LAME PANTHER LANE LOXAHATCHEE, FL 33470
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Flemming MICHAEL FLEMMING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/04

561-436-4451

Daytime Phone #