

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000062690

1. Entity Name

PBM Plumbing, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4935 LAME PANTHER LANE

3. Mailing Address
4935 LAME PANTHER LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LOXAHATCHEE, FL

City & State
LOXAHATCHEE, FL

Zip
33470

Zip
33470

Country
USA

4. FEI Number
65-0604949

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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

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

4-30-03

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.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PES
FLEMMING, MICHAEL
4935 LAME PANTHER LANE
LOXAHATCHEE, FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

Date

561-436-4451

Daytime Phone #

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91780 028 ***150.00