

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

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

05-05-2003 91780 028 ***150.00

DOCUMENT # P95000062690
1. Entity Name
P B M Plumbing, INC

DO NOT WRITE IN THIS SPACE

11041270

2. Principal Place of Business
4935 LAME PANTHER LANE
Suite, Apt. #, etc.

3. Mailing Address
4935 LAME PANTHER LANE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LOXAHATCHEE, FL

City & State
LOXAHATCHEE, FL

Zip Country
33470 USA

Zip Country
33470 USA

4. FEI Number
65-0604949

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
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 State Zip Code
LOXAHATCHEE FL 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 *Michael Flemming* *Michael Flemming* 4-30-03
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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11.	
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
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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 4-30-03 561-436-4451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #