## FOR PROFIT CORPORATION

Mar 25, 2002 8:00 am UNIFORM BUSINESS REPORT (UBR) **Secretary of State** DOCUMENT # P95000063091 03-25-2002 90042 041 \*\*\*150.00 1. Entity Name RUSTY'S PLUMBING SERVICES, INC. DO NOT WRITE IN THIS SPACE 3. Mailing Address 2. Principal Place of Business 16640 BACHMAN AVENUE 13176 COOPER ROAD DO NOT WRITE IN THIS SPACE Suite, Apt. ≠, etc. Suite, Apt. ≠. etc. #6 Applied For 4. FEI Number City & State City & State Not Applicable SPRING HILL FL 59-333272<u>6</u> 34667 HUDSON, \$8:75 Additional Country Country 5. Certificate of Status Desired Zio Fee Required US 34609 US 34667 7. Name and Address of Current Registered Agent AVENEY, RUSSELL T. DO NOT WRITE Address (P.O. Box Number is Not Acceptable)
176 COOPER ROAD IN THIS SPACE: 34609 SPRING HILL 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. January 1 - May 1 Fee is \$150.00 10. Election Campaign Financing \$5.00 May Be 9: This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Added to Fees Tax filling requirement and elects to do so. Trust Fund Contribution. Amended UBR is \$61.25 Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 11. TITLE D/P/S NAME AVENEY, RUSSELL T. STREET ADDRESS STREET ADDRESS 13176 COOPER ROAD CITY-ST-ZIP CITY - ST - ZIP SPRING HILL FL 34609 D/VP/T TITLE NAME AVENEY, CATHERINE A. NAME STREET ADDRESS 13176 COOPER ROAD STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP SPRING HILL FL HILE 💝 TITLE NAME DO NOT WRITE STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY-ST-ZIP IN THIS SPACE TITLE. 7171 E NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CHY+SI-ZIP TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS

13. Thereby certify that the information supplied with this filling 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 eath; 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 on an attachment with an address, with all other like empowered. attachment with an address, with all other like empowered.

CITY - ST - ZIP -

STREET ADDRESS

CITY-ST-ZIP ...

TITLE

NAME

CITY - ST- ZIP

STREET ADDRESS

CITY ST. ZIP

TITLE

NAME

FILED