2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P95000076047 1. Entity Name PYRAMID-PLUMBING, INC. 04-24-2001 90014 003 ***150.00 BLUME NC Principal Place of Business Mailing Address 6350 118TH AVENUE NORTH 6350 118TH AVENUE NORTH LARGO FL 33773 **LARGO FL 33773** 643648 US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3339970 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLUME, STEPHEN G Street Address (P.O. Box Number is Not Acceptable) 6354 118TH AVENUE NORTH **LARGO FL 33773** City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD P/S TITLE ■ Addition Delete BLUME, STEPHEN G NAME NAME HARBOR ISLAND STREET ADDRESS STREET ADDRESS 170 MARINA DEL REY COURT CITY-ST-ZIP CITY-ST-ZIP 33767 LEARWANZE CLEARWATER FL 33767 Delete TITLE TITLE Change Addition BLUME, DARYL W NAME NAME STREET ADDRESS STREET ADDRESS 7306 SAWGRASS POINT DR CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33782 🗷 Delete STD Change ~ ☐ Addition TITLE TITLE NAME DEMA, ANTHONY N NAME STREET ADDRESS STREET ADDRESS 7751 ARALIA WAY CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33777 TITLE Delete TITLE ☐ Change ☐ Addition NAME LOUX, LARRY A NAME STREET ADDRESS STREET ADDRESS 7331 ARMHURST LANE CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33764 TITLE Delete TITLE ☐ Change **Addition** NAME BLUME NAME 4 E STREET ADDRESS STREET ADDRESS 6354 CITY-ST-ZIP 33*1* 🕸 3 CITY-ST-7IP LARGO TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: