06-09-2003 90124 047 ***150.00
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 17 PM 12: 04

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80125404

DOCUMENT # P95000084215

1. Entity Name
ABLE PLUMBING SYSTEMS, INC.

Principal Place of Business	Mailing Address
6066 188 TRAIL NORTH LOXAHATCHEE, FL 33470 US	6066 188 TRAIL NORTH LOXAHATCHEE, FL 33470 US

2. Principal Place of Business		3. Mailing Address	
8233 Gator LN		8233 Gator LN	
Suite, Apt. #, etc.: Suite 6		Suite, Apt. #, etc.: Suite 6	
City & State: W. P. B., Fla.		City & State: WPB, Fla.	
Zip: 33411	Country: Palm Bch.	Zip: 33411	Country: Palm Bch

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0638514 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EGGERT, WILLIAM D
6066 188 TRAIL NORTH
LOXAHATCHEE, FL 33470

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE William D Eggert 06/05/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVTD EGGERT, WILLIAM D 6066 188 TRAIL NORTH LOXAHATCHEE, FL 33470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William D. Eggert 06/05/03 561-333-0243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #