## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P95000085540** FLORIDA BACKFLOW ENGINEERING SOUTH, INC. 04-26-2001 90068 015 \*\*\*150.00 Mailing Address Principal Place of Business 1 WAREHOUSE AVENUE 1 WAREHOUSE AVENUE LANTANA FL 33462 LANTANA FL 33462 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt. #. etc. City & State Applied For City & State 4. FEI Number 65-0623496 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PRICE, EDWARD Street Address (P.O. Box Number is Not Acceptable) 1 WAREHOUSE AVENUE LANTANA FL 33462 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE Change Addition ☐ Delete TITLE PRESIDENT MILLER, DAVID NAME NAME ED PRICE STREET ADDRESS STREET ADDRESS 3209 WINDWARD LANE LANTANA FL 418 NO 7 ST CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33462 ☐ Delete TITLE VSTD TITLE PRICE, EDWARD NAME NAME STREET ADDRESS STREET ADDRESS 418 NO. 7TH STREET CITY-ST-ZIP CITY-ST-7IP LANTANA FL 33462 TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

13. 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 exercise, with all other like empowered.

CITY - ST - ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4-18-01 (501) 547-1174

☐ Change

☐ Addition

CR2E034 (10/0