, 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P96000043075 Apr 24, 2000 8:00 am Secretary of State 1. Entity Name PRECISION PLUMBING, INC. 04-24-2000 90032 021 ***150.00 Mailing Address Principal Place of Business 5000 SW 52 ST 5000 SW 52 ST **BAY 508 BAY 508** DAVIE FL 33314-5514 DAVIE FL 33314 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0665936 City & State Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAME SVITE PHI HORKEY, DONNA L M.S. P Street Address (P.O. Box Number is Not Acceptable) SINGLE CARD AND PARTY OF THE PA CHEST CHAPTER SON 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE PSD Delete TITLE NAME PARADISE, DEBRA J NAME STREET ADDRESS 10320 S.W. 16TH PLACE STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP DAVIE FL 33324 ☐ Change Addition VTD Delete TITLE NAME PARADISE, MARK A STREET ADDRESS 10320 S.W. 16TH PLACE STREET ADDRESS CITY-ST-ZIP CITY" ST-ZIP DAVIE FL 33324 ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 address, with all other like empowered.