## 2002 UNIFORM BUSINESS REPORT (UBR) Feb 04, 2002 8:00 am DOCUMENT # P96000053355 **Secretary of State** 1. Entity Name 02-04-2002 90020 028 \*\*\*158.75 AQUA PLUMBING & AIR SERVICES, INC. Principal Place of Business Mailing Address 1760 EAST AVENUE NORTH 1760 EAST AVENUE NORTH SARASOTA FL 34234 SARASOTA FL 34234 2. Principal Place of Business 3. Mailing Address <u>8283 Vico Court</u> 8283 Vico Court Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-0673987 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Sarasota Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ichard Brown, Richard s (P.O. Box Number is Not Acceptable) 1760 EAST AVENUE NORTH SARASOTA FL 34234 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 (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, 2002 Fee will be \$550.00 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 (9/01) Addition TITLE Change ☐ Delete Milkr, John E. NAME NAME MILLER, JOHN E 8283 Vico Court CR2E034 STREET ADDRESS 1760 E AVE NO STREET ADDRESS Sarasota, F1.34240 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34234 ☐ Delete TITLE Change ☐ Addition Brown, Richard 8283 Vico Court Sarasota, Fl. 34240 BROWN, RICHARD STREET ADDRESS 1760 E AVE NO STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34234 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 appropriate 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 trusted 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 and afficient empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR