

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000057455

Entity Name: PLUMB-MASTERS, INC.

FILED
Apr 23, 2003
Secretary of State

Current Principal Place of Business:

541 PERMENTO AVE
JACKSONVILLE, FL 32220

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6799
JACKSONVILLE, FL 32236

New Mailing Address:

P.O. BOX 60533
JACKSONVILLE, FL 32236

FEI Number: 59-3390756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, MIKE
195A ROSCOE BLVD S.
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: KELLY, MICHAEL A
Address: 195A ROSCOE BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: P () Delete
Name: WADE III, JOHN F
Address: 961 GRAPE LN
City-St-Zip: JACKSONVILLE, FL 32259

Title: T () Delete
Name: SNEAD, SARA J
Address: 8210 SPENCERS TRACE DR.
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA J. SNEAD

TREA

04/23/2003

Electronic Signature of Signing Officer or Director

Date