2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am P96000080606 DOCUMENT # Secretary of State 1. Entity Name JOE'S PLUMBING, INC. 02-13-2002 90179 005 ***150.00 Mailing Address Principal Place of Business -1709-MAGNOLIA-AVE D4 -1703-MAGNOLIA-DR D4* B0024596 SOUTH DAYTONA FL 32119 SOUTH DAYTONA FL 32119 US 2. Principal Place of Business 3. Mailing Address Reed Canal Rd. Keed Canal Kd DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3403872 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 1/0 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOYD, CHARLES J Street Address (P.O. Box Number is Not Acceptable) 918 Reed Cana Rd. Lot 123 - 1703 MAGNOLIA AVE D4 SOUTH DAYTONA FL 32119 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 (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 Nay 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Vice Pres. **⊠** Addition TITI F Change ☐ Delete TITLE BOYD, CHARLES J NAME NAME Reed Canal Rd. Lot 123 1703 MAGNOLIA AVE D4- 9/8 Reed Caral Rd. STREET ADDRESS STREET ADDRESS SOUTH DAYTONA FL 32119 Lot 123 CITY-ST-ZIP South Daytona FL32119 CUTY-ST-ZIP **Addition** sec/Tréas. ☐ Change ☐ Delete TIT: F TITLE NAME NAME STREET ADDRESS 7932 Tumblestone Dr. Orlando, FL 32819 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete Change 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 TITLE ☐ Delete TITLE NAME 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 13. Thereby 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 suppliemental 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.

FILED

CR2E034 (9/01