

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000003609			
1. Entity Name MCGLO PLUMBING, INC.			
DO NOT WRITE IN THIS SPACE		11038559	
2. Principal Place of Business 94 MILDRED DRIVE Suite, Apt. #, etc. SUITE D City & State FORT MYERS, FLORIDA Zip 33901 Country LEE	3. Mailing Address 94 MILDRED DRIVE Suite, Apt. #, etc. SUITE D City & State FORT MYERS, FLORIDA Zip 33901 Country LEE	DO NOT WRITE IN THIS SPACE	
4. FEI Number 65-0723098		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name RUSSELL J. LADWIG Street Address (P.O. Box Number is Not Acceptable) 94 MILDRED DRIVE, SUITE D City FORT MYERS FL Zip Code 33901	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
PVST RUSSELL J LADWIG 919 DEAN WAY FORT MYERS, FL 33919			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Russell J Ladwig</u>		4/30/03 239-936-8647	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	