2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 97000011829

1. Entity Name

HOUSEHOLD PLUMBING INC.

FILED
01 OCT -3 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
203 ESTANCIA ST ST AUGUSTINE, FL 32086	

DO NOT WRITE IN THIS SPACE AC 10/3

2. Principal Place of Business	3. Mailing Address	4. FEI Number
203 ESTANCIA ST		☐ Applied For ☑ Not Applicable
Suite, Apt. #, etc.: Private House	Suite, Apt. #, etc.	
City & State: ST AUGUSTINE, FL.	City & State	
Zip: 32086 Country: USA	Zip Country	5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBERT EHRING 203 ESTANCIA ST ST AUGUSTINE, FL. 32086	Name: JOHN JOYCE Street Address (P.O. Box Number is Not Acceptable): 4612 2ND AVE City: ST AUGUSTINE FL Zip Code: 32095

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 _____ 10-2-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ROBERT EHRING 203 ESTANCIA ST ST AUGUSTINE FL 32086 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT JOHN JOYCE 4612 2ND AVE ST AUGUSTINE FL 32095 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY JOHN JOYCE 4612 2ND AVE ST AUGUSTINE FL. 32095 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200004622412--5 -10/04/01--01002--008 ****608.75 ****608.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER ROBERT EHRING 203 ESTANCIA ST ST AUGUSTINE FL. 32086 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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.

SIGNATURE: _____ ROBERT EHRING PRESIDENT 10-2-01 904-692047 cell 904-797-4003 Home
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #