2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State
01-26-2001 90101 003 ***150.00

DOCUMENT # P97000012211

1. Entity Name
CERTIFIED PLUMBING SERVICES, INC.

Principal Place of Business	Mailing Address
~~205 WAYNE AVE~~ NEW SMYRNA BEACH FL 32168	205 WAYNE AVE NEW SMYRNA BEACH FL 32168

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
175 Brookside Dr.	175 Brookside Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Daytona Bch, FL	City & State: Daytona Bch, FL
Zip: 32124 Country: USA	Zip: 32124 Country: USA

4. FEI Number 59-3425885 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARVLEY, RONALD J
205 WAYNE AVE
NEW SMYRNA BEACH FL 32168

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 175 Brookside Drive
City Daytona Bch FL Zip Code 32124

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 [signature] Ronald J. Harvley (President) 1/12/01
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	D ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	HARVLEY, RONALD J	NAME	
STREET ADDRESS	205 WAYNE AVE	STREET ADDRESS	175 Brookside Drive
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	CITY-ST-ZIP	Daytona Bch, FL 32124
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	
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	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: [signature] Ronald J. Harvley 1/12/01 904-252-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)