of the corporation or the received

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE: 🛭

FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 08, 2002 8:00 am secretary of State P97000027799 DOCUMENT # 1. Entity Name 05-08-2002 90064 019 ***150.00 KRAFTKOR PLUMBING, INC. Principal Place of Business Mailing Address 3380 FAIRLANE FARM RD. 3380 FAIRLANE FARM RD. B0092631 BAY 5 BAY 5 WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414 2. Principal Place of Business 3. Mailing Address / PIERSON Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0743054 west WEST PALM PEnch Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 334 334/9 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KRAFTCHAK, DAVID E Street Address (P.O. Box Number is Not Acceptable) 316 PONTE VEDRA ROAD LAKE WORTH FL 33461 ď City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) TITLE ☐ Delete TITLE Change ☐ Addition NAME KRAFTCHAK, DAVID E NAME 316 PONTE VEDRA ROAD STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33461 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition KORZENIOWSKI, JAMES J NAME 1851 WISTERIA ST STREET ADDRESS STREET ADDRESS **WELLINGTON FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME KRAFTCHAK, CAROLYN NAME STREET ADDRESS 316 PONTE VEDRA ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33461 Delete TITLE TITLE ☐ Change ☐ Addition NAME KORZENIOWSKI, LORI NAME STREET ADDRESS 1851 WISTERIA ST STREET ADDRESS CITY-ST-ZIE WELLINGTON FL CITY-ST-7/E TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITI F ☐ 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

KRAFTCHAK