2001 UNIFORM BUSINESS REPORT (UBR)

May 25, 2001 8:00 am Secretary of State DOCUMENT # P97000076869 05-25-2001 90286 045 ***150.00 MASTER'S PLUMBING COMPANY, INC. Principal Place of Business Mailing Address P.O. BOX 1011 112-B WISE AVE. NIÇEVILLE FL 32578 NICEVILLE FL 32588 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3465217 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRANCIS, KENNETH E Street Address (P.O. Box Number is Not Acceptable) 1043 47TH STREET NICEVILLE FL 32578 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW! 1 FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 20 1 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payat e to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Addition Change TITLE ☐ Delete TITLE FRANCIS, KENNETH E NAME STREET ADDRESS STREET ADDRESS 321 ST ANDREWS CITY-ST-ZIP CITY-ST-ZIP NICEVILLE FL 32578 Change Addition ☐ Delete TITLE TITLE KENNEDY, DEBRA A NAME NAME 321 ST ANDREWS STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP NICEVILLE FL 32578 ☐ Change ☐ Addition ☐ Delete TITLE TITLE Williamson, Robert L. NAME NAME 332 Lincoln Ave. STREET ADDRESS STREET ADDRESS CITY - ST - ZIP Valparaise FL 32580 CITY-ST-7IP Change TITLE ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete 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 to 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 r y 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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED



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1069 East John Sims Parkway Suite # 3 Niceville, Florida 32578

> Phone: (850) 729-2793 Fax: (850) 729-5078

Attachment 660356

Florida Department of State Divisions of Corporations P.O. Box 6327 Tallahassee, Florida 32314

DOC# P97000076861

RE: Master's Plumbing Company, Inc.

2001 Uniform Business Report

Dear Sir or Madam:

Enclosed is the 2001 Uniform Business Report for Master's Plumbing Company, Inc. I am sorry for the late arrival, but the owners switched certified public accountants this year and I was unaware that the prior accountant routinely reminded the owners as to when the Uniform Business Report was due. The report's tardiness is through no fault of the owners and the late fee would be a heavy financial drain on a company of their limited resources. Please make an exception this year and waive the late fee.

Thanks,

tophen Shatton CPA Stephen Shelton

Certified Public Accountant