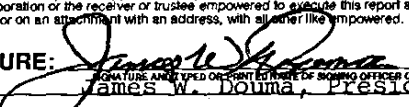


APPROVED
AND
FILED

03 SEP -2 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED
**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000094057			
1. Entity Name R & J PLUMBING & BACKFLOW SERVICE, INC.			
Principal Place of Business 1802 N UNIVERSITY DR #304 PLANTATION, FL 33322		Mailing Address 1802 N UNIVERSITY DR #304 PLANTATION, FL 33322	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0791824		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		☐ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent DOUMA, JAMES W 3210 NW 106 AVE SUNRISE, FL 33351		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when substituting) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1st 2003 Fee will be \$550.00 Amended UBR is \$51.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D DOUMA, JAMES W 3210 NW 106 AVE SUNRISE, FL 33351 ☐ Delete		D/P/T DOUMA, JAMES W. ☒ Change ☐ Addition 3210 NW 106 Avenue Sunrise, FL 33351	
D GLADE, RICHARD L 7420 NW 13 STREET PLANTATION, FL 33313 ☐ Delete		D/V/S DOUMA, DOLORES C. ☒ Change ☐ Addition 3210 NW 106 Avenue Sunrise, FL 33351	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  James W. Douma, President		Date: 08-05-03 City/Phone: 954-748-9271	

CR2EC04 (10/02)