2001 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000098126 Mar 30, 2001 8:00 am Secretary of State 1. Entity Name BILL CALLAWAY PLUMBING CO., INC. 03-30-2001 90341 002 ***150.00 Principal Place of Business Mailing Address 8 BUNKER LANE 8 BUNKER LANE ROTONDA WEST FL 33947 ROTONDA WEST FL 33947 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0799226 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired _____ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DICKINSON, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 460 SOUTH INDIANA AVENUE ENGLEWOOD FL 34223. Zip Code FL 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Detete TITLE ☐ Change ☐ Addition CALLAWAY, WILLIAM L NAME NAME STREET ADDRESS **8 BUNKER LANE** STREET ADDRESS CITY-ST-ZIP **ROTONDA WEST FL 33947** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition CALLAWAY, KAREN D NAME NAME STREET ADDRESS **BUNNER LANE** STREET ADDRESS CITY-ST-ZIP ROTONDA WEST FL 33947 CITY-ST-ZIP TITLE Dēlēte 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-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Z

STREET ADDRESS

CITY-ST-ZIP