2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 22, 2000 8:00 am Secretary of State DOCUMENT # P97000100786 1. Entity Name PETER'S PLUMBING AND HOUSE SERVICE, INC. 03-22-2000 90074 050 ***150.00 Mailing Address Principal Place of Business 154 SE 26TH TERRACE 154 SE 26TH TERRACE CAPE CORAL FL 33904-2718 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address 11 TH AVENUE 4420 SE 11TH AVENUE 4420 <u>SE</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0822361 PAPE CORAL CAPE CORAL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 1154 33904 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PETER -CHRISTIAN -JUSTICA CHRISTIAN, JUSKA P Street Address (P.O. Box Number is Not Acceptable) 154 SE 26TH TERR 4420 SE 11 TH AVENUE CAPE CORAL FL 33904 City CAPE CORAL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. OFFICERS AND DIRECTORS Change ☐ Addition ☐ Delete TITLE TITLE CHRISTIAN JUSKA, PETER NAME NAME STREET ADDRESS STREET ADDRESS 4420 SE 11TH AVE CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE JUSKA, SUSANNE NAME NAME STREET ADDRESS STREET ADDRESS 4420 SE 11TH AVE CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Change ☐ Addition Delete TITLE TITLE CHRISTIAN JUSKA, PETER NAME NAME STREET ADDRESS STREET ADDRESS 4420 SE 1.1TH-AVE CITY-ST-7IP CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Change ☐ Addition ☐ Delete TITLE TITLE JUSKA, SUSANNE NAME NAME STREET ADDRESS STREET ADDRESS 4420 SE 11TH AVE CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: