2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attach

Feb 24, 2002 8:00 am DOCUMENT # P97000101652 **Secretary of State** 1. Entity Name 02-24-2002 90066 002 ***150 00 PELICAN PLUMBING OF THE KEYS, INC. Principal Place of Business Mailing Address 10937 OVERSEAS HWY P.O. BOX 522787 R0031249 MARATHON FL 33050 MARATHON SHORES FL 33052 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 Applied For 65-0798798 Not Applicable \$8.75 Additional 5. Certificate.of.Status.Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, ROBERT ESQ Street Address (P.O. Box Number is Not Acceptable) C/O CUNNINGHAM MILLER HEFFERNAN ET.AL 2975 O/S HWY MARATHON FL 33050 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 wi DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible on 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 11. 12. (9/01) TITLE ☐ Delete NAME NAME OSBORNE, TIMOTHY P 11555 6TH AVE OCEAN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 ☐ Delete ☐ Change Addition TITLE TITLE ST NAME OSBORNE, DIANE L. NAME STREET ADDRESS STREET ADDRESS 11555 6TH AVE OCEAN CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 ☐ Delete Addition TITLE TITLE NAME NAME OSBORNE: JASON M-STREET ADDRESS STREET ADDRESS 11555 6TH AVE- OCEAN CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIR CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Thereby 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

OSBURNE