FILED

2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 01, 2002 8:00 am Secretary of State P98000059276 DOCUMENT # 1. Entity Name 04-01-2002 90017 046 ***150.00 ALL COUNTY PLUMBING SERVICES OF PALM BEACH COUNT Y CORP. Principal Place of Business Mailing Address 113 HERON PARKWAY 113 HERON PARKWAY ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 2. Principal Place of Business 550 Business DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0850042 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOLIS, DARYL J Street Address (8.0. Box Number is Not Acceptable) 113 HERON PARKWAY **ROYAL PALM BEACH FL 33411** 8. The above named entity submits this statement for the purpose of changing its egisterce of the purpose of the purp •9. This corporation is eligible to satisfy its intangible __FILE-NOW!!!_FEE IS-\$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) ☐ Addition ☐ Delete TITLE TITLE NAME SOUS, DARYL J NAME 113 HERON PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-7IP **ROYAL PALM BEACH FL 33411** CITY-ST-ZIP TITLE ☐ Delete TITLE 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-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 add with all other like empowered.