1 of 2

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 NOV -6 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000076022

1. Entity Name

DOLPHIN PLUMBING OF CENTRAL FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

400024918234-
11/21/03--01019--001 **150.00

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
321 Kimi Court	The Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Casselberry, Florida	City & State
Zip: 32707 Country	Zip Country

4. FEI Number 593529940 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1840 SW 22nd Avenue, 4th Floor

City: Miami FL Zip Code: 33145

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, the registered agent.

SIGNATURE: By: Natalia Utrera, Vice-President DATE: 11/3/03

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD DOUGLAS MACAW 321 Kimi Court, Casselberry, Florida 32707	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT
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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas Macaw DOUGLAS MACAW 11/3/03 407-246-0550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BB