

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90125 043 ***150.00

DOCUMENT # P98000 101231

1. Entity Name

ON THE JOB PLUMBING INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11924 FOREST HILL BLVD

Suite, Apt. #, etc.

SUITE 22-286

City & State

WEST PALM BCH FL

Zip

33414

Country

USA

3. Mailing Address

11924 FOREST HILL BLVD

Suite, Apt. #, etc.

SUITE 22-286

City & State

WEST PALM BCH FL

Zip

33414

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0877234

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name WEISS, MICHAEL

Street Address (P.O. Box Number is Not Acceptable)

11924 FOREST HILL BLVD STE 22-286

City

WEST PALM BCH FL

Zip Code

33414

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME P
STREET ADDRESS 11924 FOREST HILL BLVD STE 22-286
CITY- ST- ZIP WEST PALM BCH FL 33414

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
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 on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL WEISS

4/12/02

Date

Daytime Phone #

CR26345 (12/97)