

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90176 004 ***150.00

DOCUMENT # P99000007450

1. Entity Name
EXACT PLUMBING, INC.



Principal Place of Business
308 E 4TH STREET
SANFORD FL 32771

Mailing Address
308 E 4TH STREET
SANFORD FL 32771

2. Principal Place of Business
308 E. 4th St
Suite, Apt. #, etc.

3. Mailing Address
308 E. 4th St
Suite, Apt. #, etc.

City & State
Sanford FL

City & State
Sanford FL

4. FEI Number
59-3561955

Applied For
Not Applicable

Zip
32771

Country
US.

Zip
32771

Country
U.S.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TURNER, JASON S
550 HEATHER LANE
ORANGE CITY FL 32763

Name **Jason Turner**
Street Address (P.O. Box Number is Not Acceptable)
550 Heather Ln
City **Orange City** **FL** **Zip Code** **32763**

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 registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ **Delete**
NAME **TURNER, JASON R**
STREET ADDRESS **550 HEATHER LANE**
CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JASON S TURNER

4-1-03

407-688-2317

Date **Daytime Phone #**

CR2E034 (10/02)