FILED

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Jan 31, 2003 8:00 am Secretary of State P99000015739 DOCUMENT # 01-31-2003 90388 047 \*\*\*150.00 1. Entity Name DAVID PIERCY PLUMBING, INC. Principal Place of Business Mailing Address 42000054 703 MULBERRY AVE. 703 MULBERRY AVE. PANAMA CITY FL 32401 PANAMA CITY FL 32401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3142232 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIERCY, DAVID Street Address (P.O. Box Number is Not Acceptable) 703 MULBERRY AVE. PANAMA CITY FL 32401 City Zip Code 8. The above named entily aubmits 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable in Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ Delete TITLE PIERCY, DAVID NAME 703 MULBERRY AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32401 CITY-ST-ZIP VΡ TITLE ☐ Delete ☐ Change ☐ Addition PIERCY, C.E. NAME NAME 703 MULBERRY AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32401 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PIERCY,-DAVID:0:11= ----NAME STREET ADDRESS 703 MULBERRY AVE. STREET ADDRESS CITY-ST-ZIF PANAMA CITY FL 32401 CITY-ST-ZIP TITLE ☐ Defete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

Daytime Phone #