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

## P99000038701 **DOCUMENT #**

1. Entity Name

EDENÉIELD PLUMRING COMPANY



## **FILED** Apr 16, 2003 8:00 am \$\frac{9}{8}\$ Secretary of State

04-16-2003 90248 047 \*\*\*150.00

EDENTICE	ED FLOWIDHING COMPANY				
Principal Place 9420 LAZY LA #D7 TAMPA FL 330 US		Mailing Address 9420 LAZY LANE #D7 TAMPA FL 33614 US			
2. Principal P	Place of Business	3. Mailing Address		T TEGRISER FIG. (AND TANKS THE TERM BEING BRING BRING BRING THE TRANSPORT FOR THE TRANSPORT FOR THE TRANSPORT	itti
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & Stat	te	City & State	<u> </u>	4. FEI Number 59-3574261 Applied Fo	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
			Name		
THORNTON, MICHAEL F			Street Addres	ss (P.O. Box Number is Not Acceptable)	
9420 LAZY	Y LANE		<u> </u>		
#D7 TAMPA FL	L <b>33614</b>		City	<b>₽</b> Zip Code :	
1383	·		<u>_</u>	<u> </u>	
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office or regi	stered agent, or both, in the State of Florida. I am familiar with, and acc	cept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature requ	uired when reinstating) DATE	
	ILE NOW!!! FEE IS \$150.00				
After	r May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fee	
After		f State		9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fee	
After	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o OFFICERS AND	DIRECTORS	11.	Trust Fund Contribution. Added to Fee:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	s
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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:

Date