2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 21, 2000 8:00 am Secretary of State DOCUMENT # P99000049153 1. Entity Name BONITA SPRINGS PLUMBING . INC. 04-21-2000 90132 030 ***150.00 Principal Place of Business Mailing Address 3940 BENNETT LANE 3940 BENNETT LANE BONITA SPRINGS FL 34134 BONTA SPRINGS FL 34134-4123 Production Circle Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARCHETTI, JULIA R Address (P.O. Box Number is Not Acceptable) 3940 BENNETT LANE roduction **BONITA SPRINGS FL 34134** 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 NOTE: Registered A FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition D TITLE Change TITLE ☐ Delete MARCHETTI, MICHAEL J NAME NAME STREET ADDRESS STREET ADDRESS 3940 BENNETT LANE CITY-ST-ZIP CITY-ST-7IE **BONITA SPRINGS FL 34134** ☐ Change ☐ Addition Delete TITLE MARCHETTI, JULIA MAME STREET ADDRESS 3940 BENNETT LANE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BONITA SPRINGS FL 34134** TITLE Change Addition Delete NAME MANUE . . . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

Date

Daytime Phone #

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