

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

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90031 022 ***150.00

DOCUMENT # <i>P99000057476</i>	
1. Entity Name <i>SIWICKI Plumbing, Inc.</i>	

DO NOT WRITE IN THIS SPACE

44031728

2. Principal Place of Business <i>5642 Cottonwood Dr.</i>		3. Mailing Address <i>5642 Cottonwood Dr.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Milton Florida</i>		City & State <i>Milton Florida</i>	
Zip <i>38570</i>	Country	Zip <i>38570</i>	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <i>59-3590469</i>		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name <i>Rhonda Jane Siwicki</i>		
Street Address (P.O. Box Number is Not Acceptable)			
City <i>Milton</i>			FL Zip Code <i>38570</i>

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: _____		(NOTE: Registered Agent signature required when reinstating)		DATE _____
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PVT Siwicki, Edward Andrew, Jr. 5642 Cottonwood Dr. Milton, Florida 38570</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>3 Siwicki, Rhonda Jane 5642 Cottonwood Dr. Milton, Florida 38570</i>	TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Rhonda J. Siwicki</i>	4/15/04	850.626.0062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034B (12/02)